1896

Twenty-Ninth

Annual Report

of the . . . . .

California Woman's Hospital.

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TWENTY-NINTH

ANNUAL REPORT

. . . OF THE . . .

California Woman's Hospital

FOR THE YEAR 1896.

Organized 1868. *Incorporated 1873.*

. . . HOSPITAL . . .

3118 Sacramento Street, between Baker and Lyon Sts.

SAN FRANCISCO, CAL.

SAN FRANCISCO:
PRESS OF BROWN, MEESE & CRADDOCK
1897.

California Woman's Hospital.

MEDICAL STAFF:

SURGEON IN CHARGE.

F. W. VOWINCKEL, M. D.

RESIDENT ASSISTANT SURGEON.

ERNEST BARRY, M. D.

ASSISTANT SURGEON.

W. H. WINTERBERG, M. D

VISITING SURGEONS.

O. O. BURGESS, M. D.
W. WINTERBERG, M. D.
F. FEHLEISEN, M. D.
L. L. DORR, M. D.
W. R. CLUNESS, M. D.
C. RENZ, M. D., OAKLAND.
W. A. BRIGGS, M. D., SACRAMENTO.

VISITING OCULIST.

WM. E. HOPKINS, M. D.

INTERNE.

M. E. RUMWELL, M. D.

EXTERNE.

W. R. DORR, M. D.

SWEDISH GYMNAST.

MISS H. S. A. PAMLIH.

382383

California Woman's Hospital.

TRUSTEES.

JOHN BERMINGHAM, - - - - PRESIDENT
CHAS. F. CROCKER, - - - - VICE-PRESIDENT
ABRAHAM HALSEY, - - SECRETARY AND TREASURER

C. A. LATON H. DUTARD E. B. BISHOP
W. F. GOAD ISIDORE BURNS GEO. W. PRESCOTT
J. M. McDONALD MAURICE A. ROTHCHILD
C. R. BISHOP R. B. FOREMAN

CONSULTING ATTORNEY.

T. B. BISHOP.

LADY MANAGERS.

MRS. L. L. BAKER, - - - - - - PRESIDENT
MRS. C. B. ALEXANDER, - - - FIRST VICE-PRESIDENT
MRS. J. H. HATCH, - - - SECOND VICE-PRESIDENT
MRS. A. CHESEBROUGH, - - - THIRD VICE-PRESIDENT
MRS. SAMUEL W. BACKUS, - - RECORDING SECRETARY
MRS. F. P. McLENNAN, - - - FINANCIAL SECRETARY
MRS. E. R. DIMOND, - - - - - - TREASURER

MRS. A. N. TOWNE MRS. J. T. HOYT MISS KATE R. STONE
MRS. F. D. STADTMULLER MRS. SAMUEL D. MAYER
MRS. WILLIAM P. REDINGTON MRS. H. E. WISE
MRS. H. CAMPBELL MRS. E. B. STONE
MRS. G. E. BUTLER MRS. G. F. ASHTON
MRS. JAMES OTIS, JR.

AUDITING COMMITTEE.

MRS. CHARLES E. BANCROFT
MRS. J. H. HATCH, MRS. GEORGE BUTLER

PURCHASING COMMITTEE.

MRS. A. N. TOWNE, MRS. J. H. HATCH

HOUSE COMMITTEE.

MRS. S. W. BACKUS, MRS. L. L. BAKER, MRS. A. N. TOWNE

SUPERINTENDENT OF NURSES.

MISS M. T. THOMPSON

MATRON.

MISS CHRISTINE WILSON

California Woman's Hospital.

NAMES OF NURSES GRADUATED.

1. Miss FRANCES HIRSCHEY
* 2. Miss BERTHA WEED
3. Miss ADA DOUGLAS
4. Miss JEAN WILLS
* 5. Miss AGNES BREWER
6. Miss BESSIE MOORE
* 7. Miss ARITE GRIEST
8. Miss GENEVIEVE COOK
9. Miss LOUISE WILLIS
10. Miss CAROLINE WILLIAMS
11. Miss ELIZA L. BIGLOW
12. Miss SARAH BROWN
*13. Miss FLORA DUNNIGAN
14. Miss LULU O. COVELL
15. Miss FRANCES E. HURD
16. Miss AUGUSTA CUTTEN
17. Miss EDITHA SLATER
18. Miss LOUISE WILLIAMS
19. Miss LILLA LOCKE
20. Miss LELIA T. MILLS
21. Miss LAURA B. WILLIAMS
22. Miss CLARA T. NORTHON
23. Miss ELLA BARKER
24. Miss EVA M. LEWIS
25. Miss LILA HURD
26. Miss ALICE MORDECAI
27. Miss SOPHIE J. BATTURS
28. Miss AGNES M. FOSTER
29. Miss SARAH A. FERGUSON
30. Miss BLANCHE JOHNSON
31. Miss HELEN F. RICE
32. Miss GRACE E. SULLY
33. Miss AGNES D. THEE
34. Miss MARY McGILL
35. Miss THERESA SMITH
36. Miss SOPHIE HEBEISN
37. Miss ADELINE SMITH
38. Miss ALBERTIE E. RIDLEY
39. Miss NELLIE J. McINTYRE
40. Miss CAROLINE M. PRATT
41. Miss NINA FISH
42. Miss M. T. THOMPSON

NAMES OF UNDERGRADUATES.

1. Miss GRACE WHITE
2. Miss SUSIE B. HAYES
3. Miss A. H. HOCHHOLZER
4. Miss LOUISE M. IGO
5. Miss LAURA P. JOHNSON
6. Miss MINNIE SCHAW
7. Miss HELEN N. ANDERSON
8. Miss MAMIE B. WILLIAMS
9. Miss LAURA V. DANHAUSER
10. Miss MARY SWAIN
11. Miss JESSIE S. McKENZIE
12. Miss SALLIE B. FOSTER
13. Miss GRACE D. MacKINLEY
14. Miss JESSIE AIKEN
15. Miss F. F. PURRINGTON
16. Miss NELLIE GRINSELL
17. Miss ANGELA RODRIGUE
18. Miss E. R. PETTINGER

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*Married since graduation.

Honorary President, - MRS. A. N. TOWNE.

HONORARY MEMBERS.

MRS. JOHN SCOTT
IRVING M. SCOTT, ESQ.
MRS. E. B. CROCKER
MRS. C. P. HUNTINGTON
MR. JOHN WRIGHT
*MRS. B. B. REDDING
*MRS. D. F. NEAL
*MRS. CHARLES CROCKER
MR. GEORGE H. SANDERS

LIFE MEMBERS.

*J. R. BOLTON, ESQ.
*J. C. FLOOD, ESQ.
D. O. MILLS, ESQ.
*JOHN PARROTT, ESQ.
PETER SPRECKLES, ESQ.
CLAUS SPRECKLES, ESQ.
C. ADOLPH LOW, ESQ.
E. P. MURPHY, ESQ.
*D. T. MURPHY, ESQ.
*CHAS. CROCKER, ESQ.
ROBT. FOWLER, ESQ. (Chicago)
J. M. BYRNE, ESQ.
J. M. McDONALD, ESQ.
*CHAS. LUX, ESQ.
HORACE L. HILL, ESQ.
*S. P. DEWEY, ESQ.
*LOUIS McLANE, ESQ.
A. B. McCREERY, ESQ.
*S. MOSGROVE, ESQ.
*WM. S. O'BRIEN, ESQ.
L. KILGOUR, ESQ.
C. A. SPRECKLES, ESQ.
*HON. J. G. FAIR.
ANDERSON FOWLER, ESQ. (N.Y.)
JOHN DOLBEER, ESQ.
*MRS. C. ADOLPH LOW
MRS. RUDOLPH SAMSON
MRS. M. N. BALDWIN
MRS. LELAND STANFORD
MRS. E. B. CROCKER
MRS. R. K. NUTTALL
*MRS. PETER DONAHUE
*MRS. CHAS. CROCKER
*MRS. A. HALSEY
*MRS. T. FAIR
MRS. A. P. HOTALING
MRS. A. N. TOWNE
MRS. GEO. HEARST
*MRS. D. O. MILLS
MRS. C. A. SPRECKLES
MRS. C. P. HUNTINGTON
MRS. HENRY GILLIG
MRS. JACOB GREENBAUM
MRS. ISIDORE BURNS
*W. S. HOBART, ESQ.
W. M. LENT, ESQ.
JERE LYNCH, ESQ.
*J. VICINTI DE LAVEAGA, ESQ.
HON. GEO. C. PERKINS
ALVINZA HAYWARD, ESQ.
W. F. WHITTIER, ESQ.
MRS. JONAS MEYER
MRS. J. C. SIMON
A. L. TUBBS
A. HALSEY
F. W. VOWINCKEL, M. D.

*Deceased

MRS. I. N. WALTER.

Endowments.

A donation of five thousand dollars entitles the donor to nominate patients to a free bed in perpetuity.

A donation of three thousand dollars entitles the donor to a like privilege during the life of the donor and the life of a successor, or for two lives.

FORMS OF ENDOWMENTS OF BEDS FOR INVALIDS.

Know all Men by these Presents. That the CALIFORNIA STATE WOMAN'S HOSPITAL, for and in consideration of the sum of THREE THOUSAND DOLLARS, contributed by
to the funds of said Hospital, and in pursuance of an agreement so to do, DOES HEREBY GRANT to said
during his lifetime, and after his death to his assigns appointed by will, or otherwise, in writing, during the life of said assignee, the right to nominate and send to said Hospital, A PATIENT, BEING A PROPER SUBJECT FOR TREATMENT IN SAID HOSPITAL, according to the rules of the Institution, to OCCUPY A BED IN SAID HOSPITAL, AND TO RECEIVE THE USUAL CARE, MEDICAL, SURGICAL AND OTHER ATTENDANCE AND MEDICINE AND BOARD FREE OF CHARGE; said patient to be at all times subject to the Rules and Regulations and management of the Hospital for the time being, and to be permitted to remain until cured, or until, in the opinion of the Medical Board of the Hospital, there shall be no reasonable prospects of her being cured by remaining in said Hospital.

In Witness Whereof, The said Hospital has caused its Corporate Seal to be hereto affixed, and these Presents to be subscribed by its President and Secretary, the day of one thousand eight hundred and

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IN PERPETUITY.

of having contributed the sum of FIVE THOUSAND DOLLARS to the funds of the CALIFORNIA STATE WOMAN'S HOSPITAL, the Board of Managers DO HEREBY GRANT unto the said the right to nominate persons, from time to time, TO USE AND OCCUPY ONE BED IN THE COMMON WARDS OF SAID HOSPITAL, FREE OF CHARGE, in perpetuity; SAID PATIENTS TO BE PROPER SUBJECTS FOR TREATMENT, according to the current Rules and Regulations of said Hospital; and to be at all times subject to such rules and regulations.

In Witness Whereof, The Corporate Seal of said Hospital is hereto affixed, and the same attested by its this
day of A. D. 189

.....

1885	MRS. E. B. CROCKER	$5,000	In Perpetuity
1886	MRS. CHARLES CROCKER	$3,000	For two lives
1888	MRS. C. P. HUNTINGTON	$3,000	For two lives

TO THE PUBLIC

The new Annex to the Hospital, which has been in course of construction for eighteen months past, is now completed.

It has on the first floor a large general sitting room for patients; an examination, and waiting rooms for persons attending the free clinics held twice in each week.

On the second and third floors are six sunny and handsomely furnished rooms, for private patients; two rooms for doctors; a large dormitory for nurses; three bath rooms; numerous closets, and other conveniences required.

It contains, also, the new surgery, etherizing, sterilizing, microscopical, and doctors dressing rooms—a more extended description of which, it seems proper to present to the public, in order that those persons, who may have occasion or necessity to enter a hospital for treatment, may be informed of the aseptic and other advantages afforded in this institution.

The walls of these surgical rooms are wainscotted and their floors laid with a peculiar and rare volcanic stone. The entire walls of the surgery are covered with this stone; the ceiling is of glass; the doors of enamelled metal, and all the water pipes and faucets are nickel plated.

Electrical lights, both stationery and movable, of the very latest and best styles for surgical operations, have been provided.

By means of a large boiler; engine, and two Sturdevant fans located in the basement, fresh air heated to the required temperature, is forced into the private and operating rooms, and thence exhausted with any impurities into the smoke stack.

In the surgery and operating rooms, the fresh air (heated as may be required), is driven by one of the blowers through a filter of sterilized cotton, and exhausted by the other fan, through properly located exhaust ducts, and conveyed to the smoke stack.

The system is so devised, and the machinery is of such power and capacity, that the entire air in the surgery can be maintained at an even, regular temperature, and completely renewed or changed in a few minutes.

Substantial iron tanks are located in the attic, in which distilled water in abundance, is made, cooled and boiled again before use in the surgery.

Concealed pipe connections are so made that all water pipes leading to the surgery can be cleansed with steam, and in fact every precaution has been taken to secure the best aseptic conditions possible.

The sterelizing room is provided with the very latest improved sterilizers, on nickel-plated stands, steam connections with boiler, and ample wash basins and sink, with all water pipes and faucets nickel plated.

The entire cost of the annex, including grading lot and furnishing, has been $30,000.

In 1888 some of the lady managers began soliciting funds to be used in the erection of an "Annex" to the Hospital and a much-needed surgery with all necessary appliances.

As the result, the following contributions toward a Building Fund were obtained:

1888	From Mrs. Mary A. Crocker	$ 5,000 00	
1889	" Mrs. C. B. Alexander	5,000 00	
1889	" Mrs. C. P. Huntington	2,500 00	
1892	" Mrs. C. P. Huntington	3,000 00	
1894	" Mrs. C. B. Alexander	1,000 00	
1894–95	From the Mary A. Crocker Trust	10,000 00	
1895	From Mrs. C. B. Alexander	1,000 00	
	Total		$27,500 00

These generous donations placed in savings bank, with interest dividends received thereon, finally enabled the management to undertake and complete the erection of the present annex and surgery—the most important and necessary feature of the entire institution.

And in honor of the principal contributors to the Building Fund, by means of which this great and much-needed improvement was secured, the management has decided to designate the surgical and operating rooms, as "The Surgery erected by the generous donations of the Mary A. Crocker Trust."

RESOLUTIONS

Adopted at a regular meeting of the Board of Lady Managers.

WHEREAS, The new Surgery of the California Woman's Hospital having been completed; and

WHEREAS, The munificent donation of the Mary A. Crocker Trust Fund having so materially aided in its completion; therefore, be it

Resolved, That the Trustees and Managers of the California Woman's Hospital express their heartfelt thanks to the Trustees of the Mary A. Crocker Trust Fund, for their generous and timely aid, as well as for their constant subscriptions; and, be it

Resolved, That the Secretary of the Board of Managers be instructed to incorporate these resolutions in the annual report of the hospital, and transmit a copy to the Trustees of the Mary A. Crocker Trust Fund.

California Woman's Hospital.

This Hospital is devoted exclusively to the treatment of women.

It is open to all, irrespective of creed or nationality, and offers the comforts of a home in addition to surgical and medical treatment. The Woman's Hospital exists as a purely medical charity, and gives relief to three classes of patients.

First—To those who are destitute and unable to pay anything.

Second—To those whose means are too limited to enable them to pay for private medical attendance at home.

Third—To those who are able to pay for medical attendance and all Hospital charges, and prefer to enter the Hospital to avail themselves of the benefits of its appliances. These are known as private patients.

The first class receives all the benefits of this Hospital, including board and nursing, free of charge.

The second class is required to pay a moderate sum for board, while receiving medical attendance and ordinary nursing without charge.

The Surgeons and Staff receive no remuneration for their services in treatment of these two classes of patients; except the Resident Surgeon, who is a salaried officer.

Out-patients are also treated gratuitously by the Surgeon and Assistants.

For admission apply to the Lady Managers, the Superintendent of Nurses at the Hospital or to the Surgeons.

In order that the objects for which the California Woman's Hospital was established, and the nature of the work done, and the *charity* dispensed by it, may be *distinctly* understood, the managers deem it advisable that they should be clearly and explicitly stated.

There are now eight free beds for the reception of patients who contribute nothing toward their support, and who receive

board, nursing, medicines and medical attendance *free of charge.*

Each free patient represents an average cost to the Hospital of $35 a month; but in cases where serious operations are performed this cost is greatly increased, and the cost of the *free ward* may safely be stated at an average permanent charge of $350 per month.

There are, in addition, three endowed beds, making a total of eleven *free patients* who receive the benefits of the Hospital without any charge.

Eight beds are also set apart for patients at the moderate sum of $7.50 per week; and there are other beds at $10 00 per week, or more according to the accommodations and attendance required.

A patient may be able to pay a moderate charge for board, and prefer to do so, and yet be unable to pay for private medical attendance at home, the cost of nurses and all the medical appliances her case requires. This Hospital accommodates that class of patients without charge for medical attendance.

The Hospital is also prepared to receive a number of *private patients*, who may make their own arrangements with any member of the Medical Staff for treatment, enjoy absolute privacy and thus avail themselves of the advantages afforded by skillful nurses and constant medical supervision, rather than remain at home or endeavor to secure these at any public hotel.

For some time the desire has been felt to reserve some rooms for obstetrical cases and thus to accommodate women who are unable to secure the necessary care and attention at home.

We have now made provisions and are ready to accept women for confinement.

Two days in the week (Wednesday and Saturday, from 9 A.M. to 10 A.M.) advice and treatment are given by the Surgeon and Resident Surgeon to *indigent outside patients free of charge.*

The enlargement of the Hospital adds greatly to its efficiency, and it is hoped that a knowledge of the advantages it offers to suffering women may be extended all over the Pacific Coast.

All interested are cordially invited to visit and examine for themselves, the Trustees desiring it to be widely known and understood that it is an institution whose domestic affairs are managed by kind, generous, noble women for relieving the diseases of their sex.

Notice to the Public and to Patients.

The Lady Managers of the California Woman's Hospital having learned that owing to the existence of the word "State" in the name of this charity, much misapprehension exists as to its character, its means of subsistence, and the nature of the relief it affords, think it advisable to make the following statement, for the information of the public, and patients applying for admission:

They wish it to be understood that the Hospital is a *pure charity*; that it receives no State aid, and is in a measure dependent on *public contribution* for its support. It is therefore not a "State" institution in any sense, and the original incorporators made a great but unintentional mistake in not designating it "The Woman's Hospital of the State of California" which is its proper designation. To remedy this misnomes, the Trustees wish it to be named "The California Woman's Hospital," and will only retain the word "State" in their strictly official records, and by this designation it will be known in future.

All patients admitted to the Hospital, whether free, pay or private patients, are under the entire management of the Board of Trustees and Lady Managers.

The first two classes are the patients for whose relief the Hospital was founded, and for whose benefit it is carried on; but the Lady Managers deeply regret to learn that from time to time applicants have not hesitated to avail themselves of the relief this charity affords, who are *able to pay for the services of a medical man outside its walls*; and they feel that knowingly to sanction this practice would be an injury to the profession at large and a prostitution of the objects of a public charity.

Patients desirious of admission into the Hospital who are able to pay for medical services in addition to the Hos-

pital charges must enter *as private patients only*, and can select as their special medical attendant any member of the Medical Staff.

Should it be at any time found that in disregard of these regulations any patient, by misrepresentation of her circumstances, has obtained gratuitous medical relief, instant dismissal will be enforced.

The Lady Managers wish further to add that while the usual day and night nursing is furnished to boarders they must provide themselves with a private nurse in case a capital operation is performed or when the illness is so serious as to demand extra nursing.

PRICE LIST OF ROOMS.

Ward for the destitute	Free	
" Eight beds each	$ 7.50	per week
Room Three " "	10.00	" "
" Two " "	12.50	" "
" One bed "	15.00	" "
" " " "	16.00	" "
" " " "	18.00	" "
" " " "	20.00	" "
" " " "	25.00	" "

FOR CONFINEMENT CASES.

Room Two beds each	$12 50	per week
" One bed "	18 00	" "
" " " "	20 00	" "
" " " "	25 00	" "

According to Location and Size.

Medicines Extra to Paying Patients.

RULES AND REGULATIONS

OF THE

California Woman's Hospital.

I. This Hospital admits three classes of patients, viz:

1. Those who are destitute and unable to pay anything.
2. Those whose means are too limited to enable them to pay for medical attendance at home.
3. Patients desiring to place themselves under the exclusive care of some member of the Medical Staff are required to make all preliminary arrangements in regard to fees, etc., with the same prior to treatment.

N. B.—All pay patients requiring surgical operations will be subject to a charge sufficient to cover the expense of ether, dressing, etc.

II. Terms of board—From seven dollars and fifty cents ($7.50) per week and upwards, according to accommodations.

III. Board must be paid in advance for the first month; afterwards fortnightly, in advance. Any patient whose board shall be in arrears over one week will be required to leave. Patients remaining for short periods only shall pay not less than two dollars ($2.00) a day.

IV. Patients occupying free wards will not be permitted to intrude upon the pay patients; neither shall pay patients be allowed in the free wards.

V. Articles requested by a patient not usually provided will be charged as extras. Extra meals, 50 cents.

VI. No spirituous liquors or provisions of any kind shall be brought into the Hospital and given to patients except by permission of the Superintendent of Nurses or Surgeon.

VII. Extra nursing, if required, will be provided for boarders.

VIII. Patients well enough to take their meals at table are required to do so.

IX. Patients in the free ward, who are able, shall render such service as the Superintendent of Nurses may direct.

X. Lights must be extinguished at 9 P. M.

XI. Anything injured or destroyed by patients must be restored or paid for by them.

XII. Visitors are admitted every afternoon from 2 to 5 P. M. Male visitors can remain but twenty minutes in the wards, and no one can be admitted in the evening. Patients will receive male visitors in the reception room when well enough to do so.

XIII. No patient shall leave the hospital unless by permission of her physician, and no one shall be out after nightfall.

XIV. Any cause of complaint shall be made directly to the surgeon or superintendent of nurses; and in case of their inability to remove the difficulty, they shall report to the President of the Board of Lady Managers.

XV. Boarders will be charged a moderate price for medicines.

XVI. Patients will be visited daily by the surgeons or other medical officer in attendance.

XVII. The management will not be responsible for money or valuables unless deposited in the safe of the hospital.

Twenty-ninth Annual Report

—OF THE—

SURGEON IN CHARGE

—OF THE—

California Woman's Hospital.

To the President and Trustees of the California Woman's Hospital.

GENTLEMEN:—I submit for your consideration this, the Twenty-ninth Annual Report of the California Woman's Hospital for the year ending December 31, 1896.

Four hundred and fourteen cases have been treated during the past year, representing the following nationalities and religions:

American	236	Mexican	3
German	56	Belgian	2
English	37	Portuguese	
Irish	35	Chilian	1
French	13	Dutch	1
Swedish	7	Norwegian	1
Danish	5	Polish	1
Canadian	5	Swiss	1
Italian	4	Others	4
Total			414

Protestant	205
Catholic	133
Hebrew	25
No Religion	51
Total	414

Patients remaining in Hospital from December, 1895	33	
Patients admitted during the year, free	47	
Patients admitted during the year, pay	170	
Total number of house patients		250
Patients discharged during the year, free	47	
Patients discharged during the year, pay	169	
Patients remaining in Hospital December 31, 1896	25	
Deaths during the year	9	
Total		250
Out-patients treated during the year		164
Total number of patients treated		414

STATEMENT SHOWING NUMBER OF PATIENTS EACH MONTH IN YEAR 1896.

	Out Patients Treated	Out Patients Admitted	Free Patients Treated	Free Patients Admitted	Free Patients Discharged	Pay Patients Treated	Pay Patients Admitted	Pay Patients Discharged	Deaths	Free Patients and Pay Patients remaining at end of the Month.	Total Number of Cases Treated during the Month.
January	29	29	12	5	4	39	13	16	1	30	80
February	25	14	13	5	4	40	18	15	1	33	78
March	24	14	14	5	6	44	20	18	1	33	82
April	20	8	10	2	3	32	7	14	0	25	62
May	20	8	14	7	6	30	12	11	0	27	64
June	29	19	11	3	2	39	20	11	1	36	79
July	22	11	13	5	5	41	13	18	0	31	76
August	47	15	12	4	4	37	14	11	1	33	96
September	32	9	10	2	2	46	21	15	1	38	87
October	37	12	14	6	6	40	10	20	1	27	91
November	14	8	11	2	2	30	12	9	1	29	55
December	25	17	9	1	3	31	10	11	1	25	65
During the Year	164	164	54	47	47	196	170	169	9	*25	414

*Remaining at end of year.

SURGICAL OPERATIONS Performed in Hospital during the Year 1896.

By DR. VOWINCKEL.

ABDOMINAL SECTIONS.

	Number of Operations	Recovered.	Died
Hysterectomy for carcinoma	1	1	0
Hysterectomy for abscesses in uterus, with removal of appendages for pyosalpinx and ovarian abscess	2	2	0
Hysterectomy for fibro-myoma	2	2	0
Supra vaginal amputation of uterus for fibro-myoma	2	2	0
Supra vaginal amputation with removal of large cystomata of the ovaries	1	1	0
Enucleation of fibro-myomata of uterus	1	1	0
Ovarian tumors—dermoid, papillomatous uni- and multi-locular cysts	7	7	0
Extirpation of uterine appendages for oophoritis, perioophoritis, hematosalpinx and hydrosalpinx	11	11	0
Extirpation of uterine appendages for pyosalpinx and ovarian abscess	5	5	0
Abdominal section for ventral hernia	1	1	0
For tubal abortion	2	2	0
Exploratory incisions	2	2	0
	37	37	0

OTHER CAPITAL OPERATIONS.

Vaginal hysterectomy for fibro-myomata of uterus	2	1	1	Died on fourth day of septic peritonitis
Vaginal hysterectomy for carcinoma	1	1	0	
Vaginal hysterectomy for prolapsus uteri et vaginae	1	1	0	
Extirpation of uterus, (sacral method) for cancer of uterus and upper part of vagina	1	0	1	Died six weeks later from chronic sepsis originating from phlegmon in muscles of back.
Extirpation of uterus and vagina, (sacral method) for primary cancer of vagina, with subsequent laparotomy for paralysis of bowels	1	0	1	Died on fifth day from paralysis of bowels.

OTHER CAPITAL OPERATIONS—Continued.

	Number of Operations	Recovered	Died	
Nephropexy	1	1	0	
Vaginal coeliotomy for enucleation of fibroids of uterus	1	1	0	
Removal and resection of uterine appendages for oophoritis, perioophoritis, cysts and tubal abortion	2	2	0	
	10	7	3	

CAPITAL OPERATIONS

BY OTHER MEMBERS OF THE STAFF.

DR. WINTERBERG.				
Laparotomy [for pyosalpinx and ovarian abscess	1	1	0	
Laparotomy for dermoid of ovary	1	0	1	Died on second day from septic peritonitis.
Laparotomy for ventral fixation of uterus	1	1	0	
Supra cystic cystotomy for papillomata of bladder	1	0	1	Died same day from shock.
	4	2	2	
DR. F. FEHLEISEN.				
Laparotomy for carcinoma of sigmoid flexure	1	0	1	Died on third day from peritonitis.
Exploratory incision and nephropexy	1	1	0	
	2	1	1	

OPERATIONS OF SECONDARY IMPORTANCE AND MINOR OPERATIONS.

BY DR. VOWINCKEL.

Amputation of breast for carcinoma	1	0	1	Died one week later from embolus in pulmonary artery.
Excision of adenoma of breast	1	1	0	
Abdominal incision for peritonitic abscess	1	1	0	

Operations of Secondary Importance, Etc.

CONTINUED.

	Number of Operations	Recovered	Died	
Incision of tubercular abscesses from vagina and abdominal wall	1	0	1	Died one week later from sepsis.
Incision of peritonitic abscesses from abdominal wall and vagina	1	1	0	
Excision of carcinomatous glands from axilla	1	1	0	
Vaginal incision for pelvic abscess	4	4	0	
Vaginal incision for abdominal fistula	1	1	0	
Vaginal incision and emptying of small ovarian cyst	1	1	0	
Exploratory vaginal incision	1	1	0	
Vaginal fixation for retrodeviations of uterus	19	19	0	
Extirpation of vulvo-vaginal cysts	2	2	0	
Excision of vaginal cysts	2	2	0	
Anterior kolporrhaphy	18	18	0	
Posterior kolporrhaphy and kolpo-perineorrhaphy	20	20	0	
Taits' operation for complete laceration of perineum	1	1	0	
Trachelorrhaphy	2	2	0	
Amputation of cervix	9	9	0	
Discission of cervix	1	1	0	
Curretting of uterus	70	70	0	
Curretting and cauterization of carcinoma of uterus and vagina	5	5	0	
Excision of polypus of uterus	1	1	0	
Operation for fistula in ano	3	3	0	
Clamp and cautery operations for hemorrhoids	14	14	0	
Dilatation of stricture of rectum	1	1	0	
Operation for utheral caruncle	2	2	0	
Excision of abscess sac communicating with urethra	1	1	0	
Excision of coccyx	1	1	0	
Excision of sequestrum of sacrum	1	1	0	
Excision of goitre	1	1	0	
Excision of tonsils	1	1	0	
Deep vaginal and perineal incision during childbirth	1	1	0	
	189	187	2	

OPERATIONS OF SECONDARY IMPORTANCE ETC.—Continued.

BY OTHER MEMBERS OF THE STAFF.

	Number of Operations	Recovered	Died	
DR. W. WINTERBERG.				
Amputation of thigh for osteo-sarcoma	1	1	0	
Abdominal incision for peritonitic abscess	1	1	0	
Excision of osteo-sarcoma of femur	1	1	0	
Amputation of breast for carcinoma	1	1	0	
Vaginal fixation of uterus	1	1	0	
Amputation of cervix	1	1	0	
Curretting of uterus	8	8	0	
Vaginal incision for pelvic abscess	1	0	1	Died same day from sepsis.
Clamp and cautery operation for hemorrhoids	1	1	0	
Incision of furuncles	1	1	0	
	17	16	1	
DR. L. F. GARRIGUES.				
Vaginal fixation of uterus	2	2	0	
Amputation of cervix	1	1	0	
Trachelorrhaphy	1	1	0	
Anterior kolporrhaphy	1	1	0	
Kolpo-perineorrhaphy	1	1	0	
Curretting of uterus	8	8	0	
Cauterization for fistula in ano	1	1	0	
Clamp and cautery operation for hemorrhoids	1	1	0	
	15	16	0	
DR. L. L. DORR.				
Excision of lipoma of neck	1	1	0	
DR. F. FEHLEISEN.				
For recurring cancer of breast	1	1	0	
Amputation of breast for carcinoma	1	1	0	
Removal of gumma of tibia	1	1	0	
Extirpation of ganglion of hand	1	1	0	
	4	4	0	
DR. E. BARRY.				
Curretting of uterus	1	1	0	
DR. W. HOEPFNER WINTERBERG.				
Curretting of uterus	2	2	0	

SUMMARY OF OPERATIONS.

	Number of Recovered	Recovered	Died	TOTALS.		
Abdominal Sections—						
Dr F. W. Vowinckel	37	37	0			
Dr. W. Winterberg	4	2	2			
Dr. Fehleisen	2	1	1	43	40	3
Other Capital Operations—						
Dr. F. W. Vowinckel	10	7	3	10	7	3
Operations of Secondary Importance—						
Dr. F. W. Vowinckel	189	187	2			
Dr. W. Winterberg	17	16	1			
Dr. L. F. Garrigues	16	16	0			
Dr. L. L. Dorr	1	1	0			
Dr. F. Fehleisen	4	4	0			
Dr. E. Barry	1	1	0			
Dr. W. Hoepfner Winterberg	2	2	0	230	227	3
Total	283	274	9	283	274	9

OBSTETRICAL DEPARTMENT—During the year there were two cases of childbirth in the Hospital. Both were full term, living, male children.

Respectfully,

F. W. VOWINCKEL, M. D., Surgeon in Charge.

SITTING ROOM

Report of the Secretary

OF THE

Board of Lady Managers of the California Woman's Hospital for the Year ending December 31, 1896.

To the President, Board of Trustees and Lady Managers:

Herewith I submit report of Receipts and Expenditures, in my office, for the year ending December 31, 1896:

RECEIPTS.

	Dr.
From Pay Patients	$16,389 90
" " " for nurses	2,739 05
" Sale of Medicines	1,751 90
" " " Coal	23 00
" " " Text Books	12 15
" " " Stamps	65 59
" " " Stationery	114 80
" " " Uniform material	13 20
" " " Extra Meals	7 00
" Telephone	4 30
" Mary A. Crocker Trust Fund	1,500 00
" Donations	401 77
" Lady Managers Absence Fines	20 00
" Life Membership	100 00
" Annual Subscriptions	635 00
" Monthly Subscriptions	214 00
" Contribution Boxes	14 85
" Treasurer of Trustees	2,674 90
Total	$26,681 41

21120.89

EXPENDITURES.

	Cr.	
For Account Salaries	$ 7,235 55	
" " Nurses for Patients	2,654 15	
" " Drugs	2,976 42	
" " Coal	1,192 52	
" " Stamps	129 72	
" Stationery	284 28	
" " Telephone	25 35	
" " Meats	2,151 32	
For Account Groceries	2,395 01	
" " Produce	604 25	
" " Fish	261 92	
" " Milk	1,240 00	
" " Ice	100 85	
" " Water	475 20	
" " Gas	769 95	
" " Laundry	859 80	
" " Repairs	468 27	
" " Furnishings	2,101 40	
" " Horse Feed, etc	95 20	
" " Fire Alarm	36 00	
" " Returned to Pay Patients	213 50	
" " Paid Treasurer Trustees	155 65	
Balance	255 10	
Total	$26,681 41	$26,681 41

January 1, 1897—Balance forward to next year's account ..... $ 255 10

ANNUAL REPORT

—OF—

ABRAHAM HALSEY,

Secretary and Treasurer of Trustees California Woman's Hospital

---

SAN FRANCISCO, January 25, 1897.

1897.	TO ENDOWMENT FUND		DR.
Jan. 25—To 1 Bed by Mrs. Margaret Crocker.....			$ 5,000 00
" 1 Bed by Mrs. Mary A. Crocker.....			3,000 00
" 1 Bed by Mrs. Collis P. Huntington...			3,000 00
Total.....			$11,000 00

1897.	GENERAL EXPENSE FUND.		
Balance on hand at close of last year.....			$ 5,022 06
Jan. 25—Membership Dues—			
From Trustee C. A. Laton.....		$ 12 00	
" " I. Burns.....		12 00	
" " I. Burmingham...		12 00	
" " Chas. F. Crocker..		12 00	
" " Wm. F. Goad.....		12 00	
" " H. Dutard.....		12 00	
" " T. B. Bishop.....		12 00	
" " G. W. Prescott.....		12 00	
" " M. A. Rothchild...		12 00	
			$ 108 00
Interest Dividends—			
From San Francisco Savings Union			
June 30, 1896, 6 months.....		$ 331 44	
December 31, 1896, 6 months....		302 68	
			$ 634 12
" Five Southern Pacific R. R. of Arizona $1,000 Bonds, 1 month			$ 300 00

Surplus Hospital Accounts—		
For Month of March, 1896	$ 72 35	
" Month of April, 1896	83 30	
		$ 155 65
Donations—		
From Hosier Leslie Frederick Morgan No. 10 Old Broad St., London, through Mess. Drexel & Co.	500 00	
" C. A. Laton, Esq.	52 50	
" Mrs. Harriet C. Alexander through Mrs. A. N. Towne	500 00	
" J. L. Flood, Esq., Christmas Present	250 00	
		1,302 50
Total		$7,522 33

1897. **EXPENDITURES.** CR.

By paid Deficit Hospital Accounts to Treasurer Lady Managers—

For Account of Deficit, January, 1896	$ 94 35	
" " " February, 1896	87 80	
" " " May, 1896	100 00	
" " " July, 1896	300 00	
" " " August, 1896	667 00	
" " " September 1896	560 00	
" " " October, 1896	615 75	
" " " November, 1896	250 00	
Total		$ 2,674 90

By paid Engineer's Wages and Supplies—

To A. P. Burnham to Feb. 10, 1896, Wages Account	$ 75 00	
" " " Supplies	9 30	
" Artic Oil Works "	6 75	
" Miller, Sloss & Scott "	6 83	
" A. P. Burnham, "	8 85	
" A. P. Burnham, Labor	50 00	
		156 73

By paid Repairs, etc.—		
To McDevitt & Cleary—Plumbing Bill, etc	$ 30 00	
" J. Mehegan—on Wagon	27 35	
		$ 57 35
By paid Coal Account—Rosenfeld Sons		191 18
By paid Building Account—		
To Palace Hardware Co. $3.00, Wm. Little $48.75	51 75	
" McMurphy & McEvoy	70 00	
" Risdon Iron Works	17 50	
" Searby's Pharmacy	30 00	
" San Francisco Novelty Works	76 80	
		246 05
By paid Drugs, etc—		
To John Campbell, New York City	9 00	
" Geo. Freman & Co., New York City	5 25	
" Seabury & Johnson, New York City	9 71	
" Nevada Bank Exchange on Drafts	25	
		24 21
" Lehn & Fink		97 00
" Johnson & Johnson, New Brunswick, N.J.	44 00	
" Parke, Davis & Co., Detroit	20 05	
" Seabury & Johnson, New York City	8 09	
" Nevada Bank Exchange on Draft	16	
		72 30
By paid Advertising Account to Medical Register.		30 00
" Electric Light Account, Edison L. & P. Co.		26 95
" " Printing Patient's Contracts, Hicks Judd Co.		4 00
" " Insurance Account on $3,000.00, 3 months New Annex		52 50
" " Entire Taxes for March, 1896—Real and Personal		66 44
		$3,699 61
Balance		3,822 72
		$7,522 33

STATEMENT OF

Total Accounts, Assets, Etc.

Reported to Twenty-Ninth Annual Meeting.

JANUARY 25th, 1897.

1897.		
Jan. 25—Amount Cash in Endowment Fund.....		$11,000 00
" " " General Expense Fund		3,822 72
		$14,822 72
Amount Deposited in San Francisco Savings Union.....	$14,750 71	
Amount in hand, A. Halsey, Treasurer	72 01	
	$14,822 72	

AVAILABLE ASSETS

Cash in General Expense Fund.....	$3,822 72
Five Bonds S. P. R. R. of Arizona, $1,000 each, par value.....	5,000 00
Real Estate—Lot on Sacramento St., Cost.....	2,500 00
Total.....	$11,322 62

Respectfully submitted,

ABRAHAM HALSEY,

Secretary and Treasurer.

Examined and found correct, January 26, 1897.

CHAS. A. LATON, } COMMITTEE ON
H. DUTARD, } BOOKS AND ACCOUNTS.

Report of the President

——OF THE——

Board of Lady Managers, California Woman's Hospital.

To the Board of Trustees of the California Woman's Hospital:

GENTLEMEN—It gives me pleasure to present for your kind consideration this, the twenty-ninth Annual report of the Board of Lady Managers of the California Woman's Hospital.

During the past year the work of this Hospital has gone steadily on, not withstanding the depressed financial condition of the country, and the consequent decrease in the fund-bearing interest of the public. As the whole country revives from this depression, we earnestly hope that the public will realize that our insttitution is still in existance, and needs its generous help toward refilling our depleted coffers, that the work of aiding suffering women may be continued.

The Medical report for the year just ending, shows that the total number of inmates of the Hospital has been two hundred and fifty (250), and the total number of treatments, four hundred and fourteen (414). There have occured nine deaths, and we feel that this small number is largely due to our added facilities in the way of our new Surgery with its perfect appliances.

During the past year we have set apart certain rooms for the use of Obstetrical cases that our nurses may thus have an opportunity under our own roof, to study and practice this branch of their education. There have been but two (2) cases as yet, and we feel sure that when women become aware that we now take care of this class of patients, they will gladly avail themselves of the privilege of such nursing, in our quiet, well appointed rooms.

There have been fewer clinic patients during the year, possibly because there are so many free-clinic places nearer

the center of the city. There have, however, been thirty more paying patients admitted to the Hospital this year, than last year.

Our annual and monthly subscriptions for the year amount to 849 dollars.

We take pleasure here in thanking Mrs. C. B. Alexander for her generous gift of five hundred ($500), Mr. James L. Flood for his gift of two hundred and fifty dollars ($250), Mr. Claus Spreckles for his gift of one hundred dollars ($100), Mr. George McNear for fifty dollars ($50), Mrs. William Kohl for fifty dollars ($50), and Mrs. Trenor Park, Mr. C. B. Bishop and Mr. C. H. Watt for their gifts of twenty-five dollars ($25) each; Also the regular and ever welcome gift of fifteen hundred dollars ($1500) from the Mary A. Crocker "Trust Fund." These, with smaller sums are mentioned in detail in another page of the Report. For all of these gifts and for the generous donations of fruit, flowers, reading matter, etc., we return our most sincere thanks.

But few changes have taken place in the management of the Hospital. Our Surgeon-in-charge, Dr F. W. Vowinckel, remains the same skillful, thorough, and successful Surgeon, and his marked success in our surgical work, and his kindness and courtesy entitle him to our highest commendation.

Our Resident Surgeon, Dr. L. F. Garrigue having resigned, we have filled his place with Dr. E. Barry, giving him the title of First Assistant-Surgeon. Dr. W. H. Winterberg, formerly our externe thus becomes Second Assistant-Surgeon. To these two gentlemen we return grateful acknowledgements for help in carrying forward our work.

During the year we changed our Superintendent of Nurses, Miss Hall having resigned, and her place has been most acceptably filled by Miss M. T. Thompson, who trained as a nurse under our own roof.

Owing to the large increase in surgical work, and the constant demands upon the time of our Superintendent of Nurses, in this work, in order to relieve her somewhat, the management has thought best to install a book-keeper, who

will also be in constant attendance in the Office of the Hospital, to receive visitors, new patients and visiting doctors.

The class of nurses in training is always at its limit as regards numbers. The training is most systematic, exacting and thorough, and those who go out from the California Woman's Hospital, carrying its diploma and wearing its badge, are most capable, and may be relied upon as competent nurses under all circumstances.

The Board of Lady Managers would most earnestly invite the Board of Trustees to visit the Hospital frequently, and in this way make themselves better acquainted with its work and its needs.

Respectfully submitted,

MRS. L. L. BAKER, *President.*

MONTHLY SUBSCRIBERS

TO THE

CALIFORNIA WOMAN'S HOSPITAL.

. 1896 .

Mrs. L. L. Baker	$	12 00
Mrs. S. W. Backus		12 00
Mrs. Geo. Easton		12 00
Mrs. F. P. McLennen		12 00
Mrs. A. L. Stone		12 00
Mrs. L. Sanborn		7 00
Mrs. H. C. Campbell		5 00
Mrs. W. H. Snedaker		7 00
Dr. E. E. Park		3 00
Mrs. A. T. Tracy		1 00
Mrs. G. Ashton		8 00
Mrs. G. E. Butler		12 00
Mrs. E. R. Dimond		12 00
Mrs. J. H. Hatch		12 00
Mrs. W. P. Redington		12 00
Miss K. R. Stone		10 00
Mr. E. D. Goodrich		6 00
Mrs. J. H. Jewett		5 00
Mrs. E. B. Stone		5 00
Mrs. J. Otis, Jr.		1 00
Mrs. H. E. Wise		2 00
Mrs. Francis Avery		1 00

ANNUAL SUBSCRIBERS

TO THE

CALIFORNIA WOMAN'S HOSPITAL.

. 1896 .

Haas Bros	$	25 00
Mrs. Chas. H. Watt		25 00
Mrs. John Boggs		25 00
Mrs. N. T. Smith		20 00
Mrs. W. W. Montague		20 00
Mrs. C. A. Spreckles		15 00
Mrs. A. L. Tubbs		12 00
Mrs. H. M. J. McMichael		12 00

Mrs. A. Chesebrough	12 00	
Mrs. Joseph Tobin	12 00	
Gen. W. H. Dimond	12 00	
Mr. J. M. Quay	12 00	
Mrs. L. Poole	12 00	
Mr. J. E. Doolittle	12 00	
Mrs. E. W. Hopkins	12 00	
Mrs. C. O'Connor	12 00	
Mrs. J. F. Houghton	12 00	
Mrs. H. M. Newhall	12 00	
Mrs. W. E. Davis	12 00	
Mrs. Irving Scott	10 00	
Mrs. Sam'l Hort	10 00	
Mrs. W. Mayo Newhall	10 00	
Mrs. Arthur Smith	5 00	
Mrs. J. Goodman	5 00	
Mrs. G. C. Boardman	5 00	
Mrs. Adam Grant	5 00	
Mrs. J. M. Cunningham	25 00	
Mrs. C. G. Hooker	25 00	
Mrs. G. W. Bowers	20 00	
Mrs. J. D. Spreckles	20 00	
Mrs. G. Niebaum	15 00	
Mrs. Geo. Loomis	12 00	
Mrs. H. Weinstock	12 00	
Miss C. V. Halsey	12 00	
Mrs. P. G. McBean	12 00	
Mrs. Geo. Whittell	12 00	
Mr. H. Dimond	12 00	
Mrs. C. O. Richards	12 00	
Mrs. J. B. F. Davis	12 00	
Mrs. A. N. Towne	12 00	
Mrs. H. T. Scott	12 00	
Mrs. W. S. Tevis	12 00	
Mrs. H. Smiedell	12 00	
Mrs. E. A. Bruguiere	12 00	
Mrs. H. J. Crocker	12 00	
Mrs. J. T. Haviland	10 00	
Mrs. Geo. C. Shreve	10 00	
Mr. H. Dutard	10 00	
Mrs. A. R. Baldwin	5 00	
Mrs. C. E. Worden	5 00	
Mrs. S. G. Murphy	5 00	
Mr. Louis Stern	5 00	
Total		$659 00

DONATIONS

TO THE

CALIFORNIA WOMAN'S HOSPITAL.

New Home Sewing Machine Co.—1 Machine, $60.00.
Wangheim, Sternheim & Co.—6 Vases, 1 Glass Water Pitcher, 3 Dozen Cups and Saucers, 3 Dozen Plates.
O'Connor, Moffatt & Co.—2 Dozen Table Napkins, 1 Bolt Surgical Towels, Material for Six Pairs Leggins.
Mrs. J. Otis—2 Cakes, 1 Set Stand Covers.
Reading Matter—

A. F. Brokel,
Mrs. Low,
Mrs. J. F. Bigelow,
Mrs. C. E. Bancroft,
Mrs. G. Whittell,
Mrs. Krelling,
Mrs. Curtis,
Mr. Goodrich,
Mrs. Bowen,
Mrs. F. P. McLennan,
Bohemian Club,
Mrs. Feintuch,
C. M Walker,
Mr. Weil,
Mrs. E. R. Dimond,
Mrs. S. W. Backus.

Haas Bros.—5 lbs Raisins, 5 lbs. Currants, 5 lbs. Citron.
Mrs. E. Peabody—1 Box Oranges.
Mrs. J. L. Haskell—10 lbs. Cake.
Mr. J. Cervanker—1 Turkey, 34 Quail.
Mr. J. Ansbro—18 Bunches Celery.
Mr. J. Witt—5 lbs. Mixed Nuts.
American Cracker Co.—12 lbs. Soda Crackers.
Millbrae Dairy—85 lbs. Turkey and 14 qts. Cream.
Gray & Barbieri—1 Box Oranges.
G. W. Caswell—6 lbs. Chocolate.
H. Dutard—2 Sacks Potatoes.
Mrs. S. D. Mayer—1 Set Stand Covers.
Sperry Flour Co.—2 Sacks Flour.
F. A. Hermann—Painting and Tinting 1 Room, Bath and Closet.
Ketze Bros.—1 Kit Salmon.
O'Brien & Spotorno—1 Turkey, 2 Dozen Eggs.
Mr. Max. Wolf—1 Dozen Chickens.

Twing & Stillman—1 Ham.
C. E. Whitney—25 lbs. Cheese.
Excelsior Mill Co.—Fire Wood.
Union Ice Co.—200 lbs. Ice.
Goldberg, Bowen & Co.—1 Bottle Brandy, 1 Bottle Cider.
Mr. P. G. McBean—37½ feet Terra Cotta Pipe.
Mrs. W. H. Snedaker—23 lbs. Peaches.
Mrs. Hadsell—8 Boxes Apples.
Sunset Seed & Plant Co.—1 Palm, Numerous Plants.
Mrs. J. S. Menans—1 Box Apples.
Mrs. L. W. Sanborn—1 Gas Stove.
Mrs. Koch—3 Large Melons.
Mrs. Werder—3 Pairs Knitted Socks.
Mrs. E. B. Stone—283 lbs. Pears.
Mrs. S. W. Backus—8 Chairs.
Cook & Co.—1 Pepper & Salt.
Mrs. C. E. Bancroft—1 Pitcher, Stand and Cup, 1 Set Stand Covers, 5 lbs. Mince Meat, Cash $1.00.
Mr. M. Ehrman—10 lbs. Borax.
Unknown—2 Bedspreads, 6 Towels, 6 Doilies.
Mrs. L. L. Baker—1 Hamper, 1 Crib and Mattress, 1 Bedstead and Mattress, 2 Chicken Pies, 1 Box Apples, 1 Set Stand Covers.
Dr. O. O. Burgess—1 Microscope $600.
Mrs. S. W. Backus—1 Doz. Wine Glasses, 1 Ledger, 1 Doz. Sauce Plates 3 Doz. Glasses, ½ Doz. China Cups & Saucers, 1 Glass Fruit Dish 1 Set Stand Covers.
Mr. A. Chesebrough—1 Pair Pruning Shears, 6 Bottles Old Whiskey.
Mrs. W. P. Redington—1 Set of Stand Covers.
Mrs. A. N. Towne—Cash $3.00, 4 Pairs Chickens, 1 Set Stand Covers.
Sausalito Branch Needle Work Guild of America—1 Nightingale, 19 Towels.
Needle Work Guild of America—38 Towels, 6 Undervests, 2 Sheets, 13 Pillow Cases, 1 Pair Slippers.
Mrs. E. R. Dimond—2 Pictures, Vases, 2 Sofa Pillows.
Mrs. G. E. Butler—2 Vases, 1 Rose Bowl, 1 Package Steel Engravings, 1 Wrapper, 1 Pair Slippers, 14 lbs. Mixed Nuts, 1 Set Stand Covers.
Mrs. F. P. McLennon—2 Cakes, (8 Flannel Night Gowns, 3 Flannel Wrappers, 10 Linen Slips, 7 Flannel Shirts, 4 Bands, 1 Shawl) for babies.
Mrs. L. Sanborn—1 Dozen Bread & Butter Plates, 2 Bread Plates, 3 Cups and Saucers.
Mrs. W. H. Snedaker & Mrs. L. Sanborn—Sewing on 50 Sheets, 14 Doz. and 4 Surgical Towels, 6 Pairs Leggins, 5 Smocks, 3 Doz. Caps, 6 Doz. Napkins, 51 Pil ow Cases.

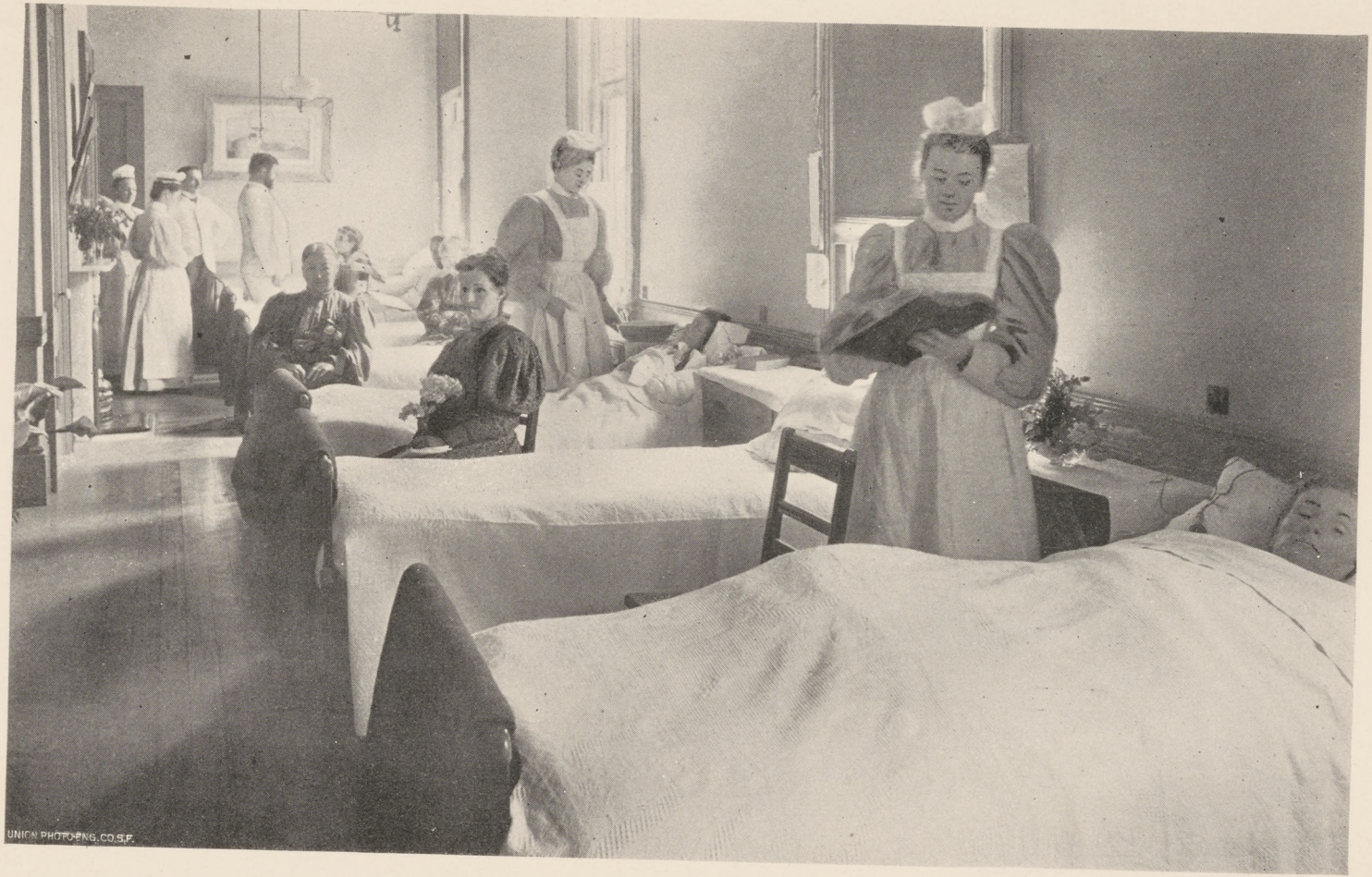
A Friend—1 Sofa Cushion.
Mrs. C. Page—1 Sofa Cushion.
Miss E. Schmidt—½ Dozen Tea Pots, ½ Dozen Mush Bowls.
Ames & Harris—1 Awning.
Apenta Mineral Water Co.—1 Case Apenta Water.
Maltine Co.—1 Case Maltine.
Admiral T. O. Selfridge—1 Rubber Bed Pan.
Mrs. H. E. Davis—Hemming and Etching 1 Dozen Napkins.
Furniture for Free Ward Sitting Room—

Mrs. L. L. Baker	$5 00
Miss K. R. Stone	5 00
Mrs. S. W. Backus	5 00
Mrs. E. B. Stone	5 00
Mrs. A. Gallatin	5 00
Mrs. E. R. Dimond	5 00
Mrs. H. E. Wise	5 00
Mrs. W. P. Redington	5 00
Mrs. J. H. Hatch	5 00
Mrs. A. N. Towne	5 00
Mr. A. Halsey	5 00
Mr. G. W. Prescott	5 00
Mr. M. Rothschild	5 00
Mrs. C. E. Bancroft	2 50
Mrs. F. P. McLennan	2 50
Mrs. S. D. Mayer	2 50
Sputa Cups from Lady Managers	4 95

Mrs. H. E. Wise—5 lbs Mince Meat.
Milbrae Dairy—85 lbs. Turkey.
Sewing Circle Ladies of Belvedere—12 Bureau Covers.
W. J. Sloane—28 ft. Carpet, 1 pkg. Carpet Tacks, 1 Roll Carpet Lining, 1 pkg. Linoleum Tacks, 3 Carpet Needles, 13 yds. Carpet.
Bibo, Newman & Ikenberg—2 gallons Cranberries.
Mrs. G. F. Ashton—12 Bunches Violets, 1 Vase.
Mr. H. Chesebrough—3 Sets Shelves.
Mrs. J. H. Hatch—½ Dozen Cups and Saucers, 1 Glass Fruit Dish, 46 lbs. Raisins, 1 Ham, 3 Dozen Nurses Caps.
Mr. C. Plum—4 Small Rugs.
Mrs. A. Chesebrough—10 Vases, 25 Cups and Saucers, 3 Pictures, 2 Pots for Plants, 1 Fern Stand for same, 1 Box of Growing Plants, 1 Stand for same, 15 lbs. Sugar, 34 qts. Jam, 1 Chair, 1 Bunch Bananas.
Mr. C. E. Worden—75 lbs. Turkey.
Mrs. A. Gallatin—1 Cake.

CASH DONATED.

Mrs. C. B. Alexander	$500 00	Mrs. S. W. Backus' friends	6 00
Mr. James Flood	250 00	Mr. Wm. Hatteroth	5 00
Mr. Claus Spreckles	100 00	Mr. A. Berbert	5 50
Mr. G. W. McNear	50 00	Mr. Charles Webb Howard	5 00
Mrs. Sarah Kohl	50 00	Mr. C. S. Benedict	5 00
Mrs. M. Henry	30 00	Mr. I. Walter	5 00
Mrs. J. Otis	25 00	Mrs. A. A. Curtis	5 00
Mrs. Trenor Park	25 00	Mrs. J. B. F. Davis	5 00
Redington & Co	25 00	Cash	3 00
Mr. C. B. Bishop	25 00	Mrs. H. Campbell	3 00
Miss E. Hobart	20 00	Dr. F. W. Vowinckle	2 50
Mrs. E. Rochat	15 00	Lamb & Son	2 50
Mr. M. H. Hecht	12 00	La Grande Laundry	2 50
Mr. C. A. Sladsky	10 50	Mr. H. F. Jennings	2 50
Mrs. S. B. Welch	5 00	Friend	2 00
Mrs. Boyd	5 00	Mrs. J. Hasbrook	2 00
D. M.	5 00	Miss K. R. Stone	1 00
S. Salomon	5 00	Mrs. E. D. Beylard	1 00
Mrs. B. Dunham	5 00	Mrs. Francis Avery	1 00
Mr. T. Morton	5 00	Toomey & Casey	1 00
Mr. C. A. Laton	52 50	Mrs. E. R. Dimond	1 00
Mrs. J. Cunningham	50 00	Mrs. A. Gallatin	1 00
A Friend	25 00	Mrs. L. L. Baker	4 60
Mr. W. F. Whittier	20 00	Mrs. E. B. Stone	3 00
Mrs. W. P. Redington's Friends	17 00	Mrs. J. T. Hoyt	3 00
Mr. J. Rosenfeld	10 00	Mrs. H. E. Wise	3 00
		Mrs. G. F. Ashton	1 59



FREE WARD

Nurses' Department.

THIS HOSPITAL has a department devoted to the education and training of nurses. A regular course of study is pursued; lectures by the Surgeon in charge, other members of the staff, and Superintendent of Nurses, given at stated periods; examinations held and thorough efficiency exacted.

Young women desiring to become professional nurses are received upon proper application. After two years' training and experience in the Hospital, strict compliance with the rules and regulations prescribed, good conduct, and having passed the final examination for graduation successfully, they are given the *Hospital Diploma* as Medical and Surgical Nurses, and presented with its Gold Badge by the President of the Board of Lady Managers.

APPLICATION AND REQUISITES.

The most desirable age for applicants is between 20 and 30 years.

They must possess a good school education; write legibly; be of sound health; of sufficient physical capacity to undergo the labor and fatigue incident to the profession of a nurse, of a kind and cheerful disposition, and must present, on application a certificate from some responsible person as to their good character.

Applicants will be received for the first month on probation; during this month they are boarded and lodged at the expense of the Hospital, but receive no pecuniary compensation. The Surgeon in charge at the end of the month will decide as to the capabilities of applicants and the propriety of retaining them as nurses. The same authority can suspend or discharge a nurse at any time during her course for misconduct, neglect, or inefficiency, the reasons therefor being always reported to the President of the Board of Lady Managers.

Nurses will receive a monthly allowance of $8 for the balance of the first year and $10 for the second year of their

FREE WARD

term, for personal expenses, and be treated and cared for as members of the household.

A vacation of two weeks in each year will be arranged for and given the nurses, but no remuneration will be allowed for this or other time lost from actual service.

Due regard is always taken of the health and proper enjoyment of the nurses and opportunities afforded them for out-door exercise and relaxation.

Nurses are required to dress in the uniform of the Hospital; to be kind and courteous to each other, tender and cheerful to the patients; neat and cleanly about their persons and rooms, and in the discharge of their duties. *Also* to be careful and economical in the use of the Hospital furniture and appliances, and especially particular in carrying out the instructions of the Surgeons.

FORM OF APPLICATION.

Applicants will fill out in their own handwriting and address to Dr. F. W. Vowinckel, 3118 Sacramento street, San Francisco, California, the following form:

1. Name in full and present address of applicant.
2. Are you a single woman or widow?
3. Your present occupation or employment.
4. Age last birthday and place of birth. Your height and weight.
5. Are you strong and healthy and have you always been so.
6. Are your sight and hearing perfect?
7. Have you any physical defects.
8. Where were you educated? State kind of school.
9. What is your nationality and religion?
10. Give two or more references and state any further facts deemed advisable.
11. Have you read and do you clearly understand the Hospital Rules and Regulations.

Articles of Incorporation.

STATE OF CALIFORNIA, }
DEP'T. OF STATE. }

SACRAMENTO, February 19, 1873.

I, Drury Melone, Secretary of State of the State of California, do hereby certify that a copy of Articles of Incorporation was filed in this office, pursuant to the provisions of the Civil Code, on the nineteenth day of February, A. D. 1873, containing the following statement of facts:

1. That the name of the corporation is California State Woman's Hospital.

2. That the purpose for which it is formed is to nurse, care for and provide medical and surgical treatment for sick and indigent women.

3. The place where its principal business is to be transacted is San Francisco, California.

4. The time for which it is to exist is fifty years.

5. The number of its directors or trustees is eleven. That a meeting was held in the city of San Francisco January 28, 1873, at which a majority of the members were present and voted for trustees, who were then and there elected. And the names and residences of those who were appointed for the first year are:

THOMAS H. SELBY,
WILLIAM ALVORD,
C. ADOLPHE LOW,
ALEXANDER CAMPBELL, SR.,
JONATHAN HUNT,
WM. B. JOHNSTON,
JAMES LINFORTH,
JAMES T. HOYT,
MRS. WM. H. SEARS,
MRS. E. MCDERMOTT,
MRS. CALEB M. SICKLER,

all of San Francisco. And that the persons above named as directors or trustees, and their associates or assigns, are a body politic and corporate by the name above designated.

Witness my hand and the great seal of the State, at office in Sacramento, California, the nineteenth day of February, A. D. 1873.

[STATE SEAL]

DRURY MELONE,
Secretary of State.

By H. H. RUSSELL,
Deputy.

Constitution and By-Laws

OF THE

CALIFORNIA STATE WOMAN'S HOSPITAL.

SAN FRANCISCO.

ORGANIZED 1868. INCORPORATED 1873.

. . CONSTITUTION . .

ARTICLE I.

This Society shall be known as the CALIFORNIA STATE WOMAN'S HOSPITAL.

ARTICLE II.

The object of this Society shall be to establish and maintain, in the City and County of San Francisco, a hospital for the treatment of diseases peculiar to women. Incurable cases not admitted.

ARTICLE III.

Any person who shall subscribe twelve dollars ($12) per annum to the funds of the Hospital may be *balloted* for at any meeting of the Trustees; and if he or she receives *two-thirds* of the vote cast shall be a member for the ensuing year and be entitled to vote for Trustees at the annual election. Any person contributing $100 to the funds of the Hospital shall become a life member and entitled to all the privileges of members. *Honorary members* or officers may be elected by the Board of Trustees for eminent services rendered in the Board or to the Hospital.

ARTICLE IV.

The officers of the Society shall consist of a Board of eleven Trustees, of whom five (5) shall constitute a quorum. Those named in the deed of incorporation shall hold until their successors are elected.

ARTICLE V.

The Board of Trustees shall appoint their own officers, enact their By-Laws and fill all vacancies occuring in their body between the annual meetings.

ARTICLE VI.

The annual meeting of members for the election of Trustees shall be held in the city of San Francisco on the last Monday of January. The place of meeting and the hour shall be advertised at least five (5) days before the electton. None but *members* shall be eligible as *Trustees*.

ARTICLE VII.

The Trustees shall have power to hold stated meetings, and to adopt measures to conduct the affairs of the institution. They may also hold special meetings on the call, by notice in writing, of the Secretary, on the request of any two of the Trustees, the object of the meeting being specified in the notice; and they shall exercise a general superintendence over the affairs of said institution. They shall also have power, individually or collectively, to visit the Hospital at any time and inspect all its appurtenances.

ARTICLE VIII.

The domestic affairs of the Hospital shall be entrusted to a Board of Lady Managers, *to be appointed by the Board of Trustees*, to consist of nine (9) ladies, who shall have power to increase their number to twenty-four (24.)

ARTICLE IX.

The Medical Staff shall consist of the Surgeon in charge, Resident Surgeon, Visiting Surgeons, a Pathologist and a Visiting Oculist.

ARTICLE X.

The Surgeon in charge, Resident Surgeon and Visiting Staff shall be appointed by the Board of Trustees annually, after their election, at the annual meeting.

The Medical Staff may be enlarged, or vacancies therein filled, at any meeting of the Trustees during the year.

All resignations from the Medical Staff must be tendered to the Board of Trustees.

ARTICLE XI.

The Surgeon in charge shall be required to make an annual report to the Trustees, to be read at the annual meeting of the Hospital, and for publication, of the number of patients treated in the Hispital, in the out-department, and the number and character of the operations performed. The number of deaths and such other information as may be deemed necessary to acquaint the public with the work and charity accomplished in the institution during the year.

ARTICLE XII.

It shall be the duty of the Surgeon and Resident Surgeon to attend without any charge whatever, all *free patients* and all those admitted to the Hospital *who are only able to pay for board and medicine.* In case of their absence or inability to perform these duties, the Staff shall choose from their number one or more members, as shall be deemed necessary, to assume charge temporarily, subject to the approval of the Board of Trustees.

ARTICE XIII.

This Constitution may be altered or ammended by the vote of two-thirds of the members present at any annual meeting, or at any special meeting called for that purpose, pursuant to Article VI.

ARTICLE XIV.

At any annual meeting, or general meeting, to be held pursuant to By-Laws, any absent member may, by his written

proxy, authorize any member present to cast his vote on any question before the Board; and at any special meeting of the Board, to be called under Article VI, when the object of the meeting is specified in the notice, any absent member may, by writing signed by him, state his vote on the question, which shall be entered by the secretary with the same effect as if such member were personally present and so voting; provided, that in all such cases there shall be at least three (3) members of the board present, and not less than five (5) votes cast, including such written votes.

BY-LAWS.

SECTION I.

The Board of Trustees shall elect from their own number a president, a vice-president and a treasurer and secretary.

SECTION II.

It shall be the duty of the president to preside at all meetings of the Board. In his absence the vice president shall take his place.

SECTION III.

It shall be the duty of the treasurer to keep safely all moneys belonging to the Hospital, and to pay drafts, to be signed by the president or vice-president, and countersigned by the sectretary, which shall be made for payment of bills certified by the Board of Lady Managers to the Trustees.

SECTION IV.

The By-Laws may be altered at any regular meeting, notice having been given at a previous meeting of the change contemplated.

BY-LAWS FOR LADY MANAGERS

OF THE

California Woman's Hospital.

ARTICLE I.

The domestic affairs of the Hospital shall be administered by a Board of Lady Managers, consisting of seventeen or more, appointed by the Board of Trustees at their annual meeting. Five of this number shall constitute a quorum for the transaction of business.

At their stated monthly meeting next after their appointment they shall elect from their number, by ballot, a president, a first vice-president, a second vice-president, a third vice-president, a recording secretary, a financial secretary, and a treasurer. A majority of the votes of the Lady Managers shall be necessary to make an election.

In case the Board shall fail to elect any officer or officers on the day above specified for the purpose, or in case of death or resignation, such election may be made at any special or stated meeting thereafter.

ARTICLE II.

The Board of Lady Managers shall meet monthly, on the first Wednesday of each month, for receiving and examining bills and accounts and making arrangements for paying the same.

They shall take charge of all moneys received for board of pay patients, shall be empowered to receive donations and subscriptions, and shall pay all the current expenses of the Hospital, drawing from the treasurer of the Board of Trustees, by an order or receipt duly signed by the treasurer, whatever money may be required, and paying over to him any surplus they may have after each month's expenses have been paid.

The surgeon in charge shall have charge of all matters pertaining to the interests of the Hospital, under the direction of the Board of Lady Managers. He shall be responsible for its remedial and surgical work and shall render a careful and full report at each regular monthly meeting. He shall engage and discharge all nurses.

ARTICLE III.

If any member of the Board shall be absent for three consecutive meetings, without sending to the president or secretary sufficient excuse, her place may be declared vacant by a vote of the Board, the secretary notifying the absent member of the fact.

The Board of Lady Managers shall have power to fill any vacancies that occur in their number during the year.

ARTICLE IV.

A fine of one dollar shall be imposed upon any Lady Manager failing to attend the state meetings of the Board; absence from the State or sickness being the only excuses for non-attendance.

ARTICLE V.

The president shall have power to call special meetings of the Board whenever she shall deem the same advisable, and shall preside at all meetings, or, in her absence, one of the vice-presidents shall preside. Should these officers be absent, a temporary president may be chosen from among the ladies present.

ARTICLE VI.

The secretary shall notify the members of the Board of all regular and special meetings; inform all officers of their elec-

tion; keep minutes of business meetings; file all business letters; take charge of bills after payment; and prepare the annual financial report of the Board of Lady Managers.

ARTICLE VII.

The Treasurer shall at every meeting report the state of the treasury; shall receipt for all money paid in for current expenses, and shall disburse the same as authorized by the Board of Lady Managers, paying over any surplus of receipts monthly to the Treasurer of the Board of Trustees.

ARTICLE VIII.

The Board shall appoint annually a Purchasing Committee who shall purchase all necessary supplies, as required, and present the bills for the same at the next business meeting. They shall also appoint an Auditing Committee of two, who shall examine all bills before they are presented to the Board, certify to their correctness and exercise a general supervision over the receipts and expenditures.

ARTICLE IX.

A Visiting Committee of two shall be appointed alphabetically at each monthly meeting to visit the Hospital once each week or supply a substitute from the Board. It shall be their duty to inspect the various wards, to see that patients are properly cared for, to examine every department of the Hospital and report at each monthly meeting of the Board.

ARTICLE X.

A Superintendent of Nurses shall be appointed by the Board of Lady Managers annually, to hold office during their pleasure. She shall see that all instructions from the Physicians are faithfully carried out and enforced. She shall have charge of the nurses and superintend their education under the direction of the Surgeon in charge. She shall be responsible for the order, decorum and morals of those under her charge. She shall have power to collect moneys from paying patients, keeping an exact account of the same, and render a full report at each regular monthly meeting.

A Matron shall be appointed annually by the Board of Lady Managers, to hold office during their pleasure. She shall have charge of all servants and household affairs properly under her care. She shall have careful supervision of the Domestic Department of the Hospital under the direction of its Lady Managers.

She shall keep an exact account of all moneys received and paid out by her, reporting the same to the Board of Lady Managers at each *regular monthly meeting*.

The Matron shall have charge of the diet kitchen in the preparation of food for patients under the direction of the Surgeon and Superintendent of Nurses and shall give it her daily attention.

ARTICLE XI.

Any person wishing to enter the Hospital for medical treatment must be referred to the Surgeon in charge for admission.

ARTICLE XII.

Honorary officers or members may be elected by the Board of Lady Managers for eminent services rendered in the Board or to the Hospital.

ARTICLE XIII.

These By-Laws may be amended at any regular monthly meeting, notice of the amendment having been given in writing at the previous meeting, and the amendment to be voted on having been stated in the notice calling the meeting.

ARTICLE XIV.

The following shall be the order of business at the meeting of the Board:

Roll Call.
Reading the Scriptures.
Reading the minutes of the previous meeting.
Reports of Visiting Committee.
Medical Report.
Superintendent of Nurses' Report.
Report of Special Committee.
Miscellaneous business.
Adjournment.

MEMBERS

OF THE

BOARD OF TRUSTEES.

1873 to 1896

Alvord, Wm., 1873–74.
*Austin, H. S. 1886–90.
Bermingham, John, 1890.
Bishop, T. B., 1889.
*Bolton, J. R., 1874–90.
Boyd, Alex., 1884.
*Bryant, A. J., 1878–81.
Burling, J. W., 1879–87.
Burns, Isidore, 1891.
*Campbell, A., Sr., 1873–81.
Condict, J. E., 1882–87.
Crocker, C. F., 1890.
Davis, A. Mc., 1881–84.
*Deane, J., 1880–84.
Dutard, H., 1890.
Evans, C., 1881.
Forbes, A. B , 1884–93.
Forman, R. B., 1885.
Gibbs, F. A., 1880.
Goad, W. F., 1890.
Grant, A., 1879.
Halsey, A., 1885.
*Hoyt, J. T., 1873–79.
*Hunt, Jno., 1873–80.
*Hunt, S. O., 1878–86.
*Johnston, W. B., 1873–80.
Kilgour, L., 1876.
*Latham, J. K. S., 1876–79.
Laton, C. A., 1887.
Linforth, Jas., 1873–78.
*Livingston, C. H., 1889 90.
*Low, C. A., 1873–81.
McAfee, L., 1882–84.
McDermott, Mrs. E., 1873.
McDonald, J. M., 1881.
Montague, W. W., 1880.
Murphy, E P., 1874–84.
Newlands, F. G., 1881.
Olmstead, W. N., 1874.
Prescott, Geo. W.. 1895.
Ralston, A. J., 1881.
Reddington, W., 1886–1888.
Rothchild, M. A., 1896.
*Sears, Mrs. W. H., 1873–95.
*Selby, Thos. H., 1873–76.
Sickler, Mrs. C. M., 1873.
*Simmons, P. B., 1884–90.
Tubbs, A. L., 1894.
Whittell, Geo., 1887–88.

*Deceased.

. . MEMBERS . .

—OF THE—

BOARD OF LADY MANAGERS

. . 1868 to 1896 . .

Alexander, Mrs. C. B., 1890.
Alexander, Mrs. B. S., 1874.
Adams, Mrs. W. J., 1874.
Ashton, Mrs. G. G. 1896.
Backus, Mrs. S. W., 1895.
Bagley, Mrs. S. C., 1868.
Baker, Mrs. L. L., 1889.
Ball, Mrs. A. H., 1883.
Bancroft, Mrs. Chas. E., 1893.
Barker, Mrs. M. O., 1870.
Barrell, Mrs. —, 1868.
Barrows, Mrs. C. D., 1882–90.
Beach, Mrs. C., 1868.
Bates, Mrs. J. C., 1883.
Bonestell, Mrs. C. K., 1881.
Booth, Mrs. H. J., 1875.
Bryan, Mrs. — 1868.
Buckbee, Mrs. Spencer C., 1894.
Buckley, Mrs. —, 1868.
Burnett, Mrs. J. M., 1868.
Butler, Mrs. G. E., 1894.
Cheesebrough, Mrs. A., 1896.
Cohn, Mrs. Henry, 1876.
*Colby, Mrs. H. B., 1881–86.
Condict, Mrs. J. E., 1882–86.
Connor, Miss Frances, 1870.
*Crim, Mrs. Samuel, 1870.
*Crocker, Mrs. Chas., 1884–90.
Cunningham, Mrs. A. H., 1868.
Curtis, Mrs. A. A., 1894–95.
Dimond, Mrs. Edwin R., 1894.
Dungan, Mrs. T. H., 1877.
Dunlap, Mrs. C. M., 1875.
Eastland, Mrs. —, 1868.
Easton, Mrs. —, 1868.
Eckley, Mrs. L. M., 1872.
Emmett, Mrs. Temple, 1884.
Emrick, Mrs. Joseph 1868.
Flourney, Mrs. Geo., 1886–92.
Foss, Mrs. E. J., 1875.
Frink, Mrs. George, 1884.
Gallatin, Mrs. Albert, 1890–96.
Grim, Mrs. A. K., 1868.
Hale, Mrs. —, 1869.
*Halsey, Mrs. A., 1885–94.
Harmon, Mrs. J. B., 1868.
Harrison, Mrs. J. T., 1876.
Hatch, Mrs. J. H., 1881.
Henry, Mrs. —, 1868.

*Deceased.

Hermann, Mrs. Lucien, 1868.
Hotaling, Mrs. A. P., 1875–93.
Houghton, Mrs. J. F., 1888–94.
Hoyt, Mrs. J. T., 1870.
Hunt, Mrs. S. O., 1873.
Jackson, Mrs. Charles, 1869.
Johnstone, Mrs. J. S., 1869.
Jones, Mrs. C. C., 1878.
Kent, Mrs. A. E., 1874.
La Monte, Mrs. J. D., 1882.
Lathrop, Miss H. D., 1868.
Lee, Mrs. D. J., 1868.
Low, Mrs. C. A., 1879.
Low, Mrs. J. B., 1878.
Ludlum, Mrs. E. M., 1879.
Maconlay, Mrs. —, 1873.
Mann, Mrs. C. H., 1876.
Mayer, Mrs. S. D., 1885.
Maxwell, Mrs. John, 1869.
McCauley, Mrs. W., 1873.
McCrelish, Mrs. Fred, 1876.
McDermott, Mrs. E., 1873.
McLennan, Mrs. F. D., 1888.
McMichael, Mrs. H. J., 1896–97.
Miller, Mrs. D. A., 1883.
Morton, Mrs. R. 1873.
Murphy, Mrs. E. P., 1880.
*Neal, Mrs. D. F., 1873–85.
Northton, Mrs. J. W., 1876.
Nuttall, Mrs. N. K., 1879.
Nuttall, Mrs. W. R., 1878.
O'Connor, Mrs. M. J., 1868.
Otis, Mrs. James, 1874.
Otis, Jr., Mrs. James, 1896.
Pomroy, Mrs. —, 1868.
Rand, Mrs. —, 1872.
Randall, Mrs. O., 1870.

*Deceased.

*Rankin, Mrs. Ira P., 1868.
*Redding, Mrs. B. B., 1877–90.
Reddington, Mrs. Wm., 1890.
Rexford, Mrs. —, 1875.
Scudder, Mrs. H. M., 1868.
Searby, Mrs. W. M., 1875–83.
*Sears, Mrs. W. H., 1868–95.
Shaw, Mrs. —, 1869.
Sickler, Mrs. C. M., 1873.
Smith, Mrs. W. M., 1873.
Spreckles, Mrs. Peter, 1875.
Spreckles, Mrs. C. A., 1888–89.
Spreckles, Mrs. J. D., 1891–92.
Stadtmuller, Mrs. F. D., 1880.
Steel, Mrs. —, 1869.
Stewart, Mrs. Chas., 1869.
Stone, Miss Kate R., 1888.
Stone, Mrs. E. B., 1894.
Story, Mrs. C., 1879.
Swain, Mrs. R. B., 1868.
Taylor, Miss Cora, 1888–89.
Tevis, Mrs. W. S., 1890–93.
Towne, Mrs. A. N., 1883.
Thomas, Mrs. J. B., 1868.
Tracy, Mrs. T. F., 1880–86.
Waddell, Mrs. Wm., 1873.
*Wakeman, Mrs. T., 1869.
Walch, Mrs. —, 1868.
Walton, Mrs. W. F., 1870.
Weeks, Mrs. —, 1879.
Wetherbee, Mrs. H., 1883–90.
Wilder, Mrs. —, 1868.
Williams, Mrs. H. B., 1868.
Wilson, Mrs. L. S., 1881.
Wilson, Mrs. Samuel, 1868.
Wise, Mrs. H. E. 1893.

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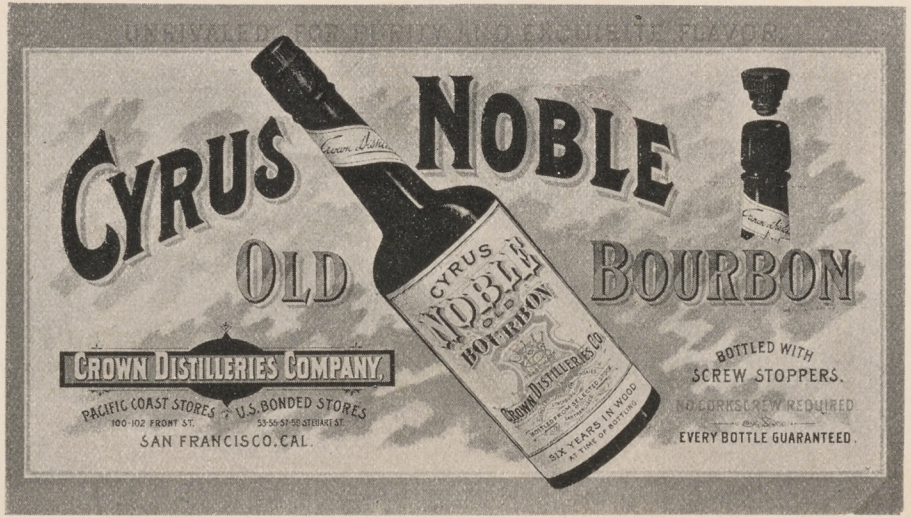

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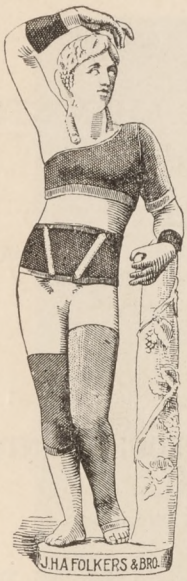

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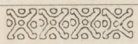

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Tabulated Report of the Surgeon in Charge

Comprising his Capital Cases.

Report of Capital Operations Performed by F. W. Vowinckel, M. D., during the Year 1896.

A. Abdominal Sections.

	Date of Operations	Age	Married or Single	Children	Symptoms and Pathological Conditions Necessitating an Operation.	Duration of Disease	Adhesions	Adnexa removed	Nature of Operation.	Drainage or No Drainage.	Complications and Remarks.	Result.
	HYSTERECTOMY FOR CARCINOMA.											
1	Oct. 8	48	M	1	Has been flowing almost constantly for two years. Lately discharge is very offensive and mixed with debris of tissues. A hard tumor with slight irregularities on its surface was felt coming from the pelvis extending as high as umbilicus (the uterus). The cervix was open and permeable to the finger, a tumor half the size of a walnut could be made out on internal surface of uterus which grew from the left and back. Other irregular masses could also be felt in cavity of uterus. Behind and to left of uterus could be felt a circumscribed resistance with an irregular surface. A depression existed between it and the uterus, and it was separable from the pelvic wall but almost immovable and not tender. Uterus was the size of two fists and on incision presented a broken down brain like mass in its fundus. The places where it was adherent to the intestines were indurated. Left ovary the size of an orange and hard. Infiltrated glands were felt in left broad ligament and retro-peritoneally.	2 years	Dense	Both	Median incision. Tumor was lifted from abdominal cavity with some difficulty owing to adhesions. These were separated by the finger, but in two places where the small intestines and descending colon were adherent to fundus and posterior wall, the thin friable uterine wall gave way and a foul smelling discharge escaped from the interior. Intestines and uterus were protected with gauzes and the uterus together with the appendages completely removed in the typical manner. During the operation it was found that the retro-peritoneal glands were infiltrated high up and that also in the cellular tissues on both sides of the uterus hard masses having the thickness of a finger had to be left. The ligatures were turned into the vagina and the pelvis filled with iodoform gauze, the end of which was trained into the vagina. In two places where the bowels had been adherent to the uterus pieces of uterine tissue that had been left were pared out and the wounds cauterized with the Paquelin. The peritoneum was stitched over them with sero-serous sutures. Mikulicz tampon introduced from above. Abdomen closed with three rows of silkworm gut except where tampon protruded.	Iodoform gauze per vaginam. Mikulicz tampon of Iodoform gauze through lower end of abdominal incision.	November 30. Vagina drawn into funnel shape scar, to left of which is a hard mass the size of a large pear which is situated in the broad ligament and is not easily separable from the wall of the pelvis. No pain.	Recovered.
	HYSTERECTOMY FOR ABSCESSES IN THE UTERUS WITH REMOVAL OF APPENDAGES FOR PYOSALPINX AND OVARIAN ABSCESS.											
2	Apr. 14	18	M	1	Complains of pain in left ovary; also on the right side. Has had a purulent discharge since birth of child 5 months ago. Menstruation somewhat painful. To left of uterus was felt an elastic resisting mass the size of an orange which could be separated from both the uterus and pelvic wall. On the right side was a resistance more doughy in consistence and not so circumscribed. The mass on the left side was almost immovable, that on the right quite so. Specimen showed right ovarian abscess the size of an apple, both tubes contained pus and were considerably enlarged, the right being particularly thick. Left ovary cystic.	4 months	Many	Both	Median incision. Adhesions around adnexa separated and adnexa ligated with catgut and excised. The ovarian abscess broke during the handling, its contents being caught on gauzes excepting a small quantity which escaped into the pelvic cavity and which had to be wiped out. In breaking up the adhesions the uterus was wounded necessitating removal. An abscess the size of a pea was found in each horn. Catgut was used, the ligatures being turned into the vagina. Iodoform gauze was packed into the pelvis and led out per vaginam, vagina also packed with iodoform gauze. Abdominal wound closed entirely with three rows of silkworm gut sutures.	Iodoform gauze per vaginam.	.....	Recovered.
3	Aug. 28	35	M	1	Complains of pain in both iliac regions, also in the bladder over which she had not perfect control. Constant headache, constipation and nervousness. Menstruation very irregular and painful. Complaints all date from birth of child 12 years ago. On both sides of uterus were masses the size of a hen's egg slightly movable. Double pyosalpinx, double oophoritis, peri—para—and endometritis. Small abscesses in uterine wall near the horns.	12 years	Some	Both	Median incision. Adhesions around both adnexa and between right adnexa and omentum were broken up. Adnexa then ligated and excised. Abscesses being found in the uterus, hysterectomy was also performed. Catgut sutures were used which were trained into the vagina. Peritoneum sewed to vaginal opening and iodoform gauze passed through it into the vagina, some being left in the pelvic cavity. Abdominal wound closed with a deep row of silk sutures, superficially with running catgut and an occasional silkworm gut. Vagina packed with iodoform gauze.	Iodoform gauze per vaginam.	.....	Recovered.
	HYSTERECTOMY FOR FIBRO-MYOMA.											
4	Sept. 29	48	M	4	Always felt ill during menstruation which was profuse. Has had violent paroxysms of pain and has just recovered from a severe attack of peritonitis. Abdomen enlarged by a smooth, round, symmetrical tumor, the size of the uterus in 7th month of pregnancy, which gives an indistinct sense of fluctuation. Above this in the median line and running under the ribs on the left side is felt a second tumor not easily definable from the first. Percussion dull over the lower tumor but somewhat tympanitic over the upper one. Coming from the posterior uterine wall is an oval mass the size of a child's head from the upper part of which a secondary mass the size of two fists protruded. This latter was greenish in color densely adherent to the transverse colon and omentum and proved to be a cystic myoma while the former was a simple myoma.	2 years	Some	Both	Median incision carried 4 inches above the umbilicus. Adhesions between tumor and intestines separated and tumor raised out of the abdominal cavity. Infundibulo-pelvic and broad ligaments ligated with catgut and severed. Peritoneal flaps then dissected from anterior and posterior uterine walls and the vagina opened in front and behind the uterus. Uterine arteries then tied en masse with silk ligatures which were turned into the vagina and lower part of the pelvis packed with iodoform gauze. Upper part of abdominal incision was closed directly after the tumor was lifted out and the rest, when the operation was finished.	Iodoform gauze per vaginam.	.....	Recovered.
5	Nov. 10	35	M	1	Has sensation of weight in abdomen and pain at intervals in left side. Patient was pasty looking. Menstruation profuse and painful. A globular tumor felt coming from the pelvis and reaching to within 2 inches of umbilicus. This proved to be an intra-mural and submucous fibro-myoma, the size of a large orange, originating from the anterior wall of the uterus. Ovaries slightly enlarged.	Several years	None	Both	Median incision. Tumor drawn through incision, broad ligaments tied and cut off. The same done with the infundibulo-pelvic ligaments. Incision through peritoneum of uterus just above the bladder which was stripped off. A small peritoneal flap was pared off from the back, the arteriæ uterinæ ligated separately on both sides. Cul-de-sac anterior opened with closed blunt scissors which were pushed into the vagina and spread out. Bullet forceps put into anterior lip of uterus which was then cut free all around. Ligatures turned into vagina and some iodoform gauze introduced with them. Both peritoneal flaps stitched above the wound and stumps with sero-serous sutures so that the entire pelvis was dry and only one line of sutures to be seen. Peritoneum of median incision closed with running catgut. Muscles fascia and skin with two rows of silkworm gut sutures. All other ligatures and sutures catgut.	Iodoform gauze drained retro-peritoneal space, no drainage of peritoneal cavity.	.....	Recovered.
	SUPRA-VAGINAL AMPUTATION OF THE UTERUS FOR FIBRO-MYOMA.											
6	Aug. 4	35	M	0	Patient was very fat and excessively nervous. Menstruation painful and profuse but regular. Otherwise made no complaints. Uterus felt as a hard round tumor with irregularities on its surface, varying in size from a pea to a hen's egg. It was movable; but was pulled to the right. The fibroid was hard, grew entirely from the anterior wall and was developed intra-ligamentously on the right side. Tumor was the size of two large fists.	9 years	Some	Both	Median incision. Tumor could not be lifted out of the abdominal cavity owing to its intra-ligamentous developement. There were some adhesions between it and the bladder. The adnexa were ligated with silk. The bladder was separated from the tumor and the broad ligatment incised. The tumor could then be lifted up. The ligaments and arteriæ uterinæ were ligated and the uterus amputated at the internal os. The cervical canal was cauterized with the Paquelin and a cone shaped piece excised. A buried layer of silkworm gut sutures was inserted into the muscles of the stump and the two flaps of peritoneum sewn over it with sero-serous catgut sutures, so that the sero-serous sutures were fastened to the posterior wall of the stump and did not fall in one line with buried sutures. Abdomen closed with a row of arsenious acid silk sutures for the fascia, muscles and peritoneum. Running catgut for the skin.	None	Abscess developed in abdominal wall which healed in a short time	Recovered.
7	Sep. 10	31	M	0	Has been troubled with Menorrhagia accompanied by back-ache and great pain at the commencement of menstrution. Was curetted six months ago after which patient felt better for two months, when her old trouble returned. Patient is fat, pasty looking and anemic. Uterus considerably enlarged. A round tumor felt in anterior wall the size of a goose egg, of the same consistency as the uterus. This proved to be a chiefly intramural fibro-myoma and the size of a goose egg. After the previous curetting the fibroid which bulged into the uterine cavity had grown together with the posterior wall thus forming two distinct uterine canals. Both ovaries the size of English walnuts.	3 years	Yes	Both	Median incision. Typical supra-vaginal amputation of the uterus with retro-peritoneal treatment of the stump. Peritoneum closed with sero-serous sutures. Catgut used exclusively intra-peritoneally. Abdominal wound closed with silk sutures in the usual manner.	None	.....	Recovered.
	SUPRA-VAGINAL AMPUTATION OF THE UTERUS WITH REMOVAL OF LARGE CYSTOMATA.											
8	Feb. 5	52	M	1	Patient very nervous and irritable. Menstruation regular and of 5 days duration. Recently the abdomen has considerably increased in size. Stooping causes pain and distress. Large multilocular papillomatous cystomata of both ovaries were found. These cysts varied in size from an English walnut to a child's head and were densely adherent to the intestines and uterus. Some contained a dark brownish, others a clear gelatinous fluid.	2 years	Dense	Both	Median icision. Separation of adhesions around cystic masses with some difficulty and slight hemorrhage. Several of the cysts were opened and emptied. Pedicles on both sides ligated with silk and tumors removed. On account of considerable hemorrhage from the torn uterus it was lifted into the abdominal wound and the neck fastened to the lower end. The cul-de-sac posterior was firmly tamponed with a Mikulicz tampon and abdomen closed with two rows of silkworm gut sutures. A week later the uterus was burned off with Paquelin cautery.	Mikulicz tampon	.....	Recovery uneventful.
	ENUCLEATION OF FIBRO-MYOMATA OF THE UTERUS.											
9	Feb. 4	40	M	1	Complains of dragging pains in the back and weakness of the lower limbs. Suffers from headache and insomnia with occasional diarrhoea, and irritability of the bladder. Leucorrhoea. Menstruation normal. Patient had been treated for a long time without avail. Left ovary the size of an English walnut. Right ovary slightly enlarged and contained several small cysts. Tunica albuginea was considerably thickened and there were two sub-peritoneal fibroids in the anterior wall of the uterus; one the size of an English walnut, the other as large as a cherry, uterus in the axis of the pelvis with posterior adhesions.	Several years.	Some	One	Median incision. Adhesions posterior to the uterus and around the adnexa broken up. Left adnexa were then ligated with silk and removed. Two subperitoneal fibroids originating from the anterior wall of the uterus were enucleated and wounds in uterus sutured. Some small cysts in right ovary punctured with Paquelin's cautery. Kelly's suspension of uterus; 3 catgut sutures being used, the first being placed between the horns of the uterus the others more posteriorly. Abdomen closed with two rows of silkworm gut sutures.	None	.....	Recovered.
	OVARIAN TUMORS—DERMOID, PAPILLOMATOUS, UNI-AND MULTI-LOCULAR CYSTS.											
10	Jan. 9	36	M	2	Has headache, pain in lumbar region, bearing down sensation, inability to stand or walk and irritable bladder. Menstruation painful, excessive and irregular. Specimen showed dermoid cyst of right side, the size of a small orange, containing hair and cholesterin. Left ovary enlarged by small flaccid cysts.	4½ years	None	Both	Median incision. Both adnexa ligated with catgut and excised. No adhesions found. Incision closed in the usual manner.	None	.....	Recovered.
11	Mar. 25	38	M	1	Has severe and constant pain in right iliac region and is unable to stand or walk without pain and bearing down feeling. Menstruation irregular and intensely painful at times. Pelvic organs matted together. Right ovary hard as a stone, the size of an English walnut, could not be cut with the knife and contained bony structures. Left ovary the same size, contained scattered through its stroma a number of cartilaginous masses. Both ovaries firmly adherent to bottom of pelvis. Right tube the size of a pencil.	5 years	Yes	Left adnexa and right ovary.	Median incision. Dense adhesions around adnexa and behind uterus were broken. Left adnexa ligated and excised. Right ovary ligated and excised but the tube although as thick as a pencil was left on account of poor condition of the patient and the very strong adhesions. Mikulicz tampon. Incision closed except at lower angle with three rows of silkworm gut sutures.	Mikulicz tampon	May 28.—Patient's temperature had risen for two weeks up to 101° and 102.9°. She was somewhat delirious and difficult to feed. An incision behind and one in front of uterus was made, forceps introduced but no pus found. Some oedematous fluid escaped. Openings packed. Patient made slow recovery.	Recovered.
12	May 26	52	M	0	Patient emaciated and with the typical drawn expression. No symptoms except swelling in lower portion of abdomen. Abdomen evenly distended except for a transverse constriction at the umbilicus. Fluctuation and dull percussion note over abdomen from 1½ inches below xyphoid cartilage to symphysis. Uterus small and retroverted. Menstruation ceased seven years ago. Large multilocular cystoma, containing about thirty pints of dark greenish fluid.	2 years	Few	One	Median incision. Upper part of tumor adherent and lower part free. Adhesions ligated and severed. Trocar pushed into cyst and some of its contents removed. Then tumor excised after ligating the pedicle with catgut. Abdomen closed with two rows of silkworm gut sutures.	None	.....	Recovered.
13	May 21	25	M	0	Complains of irregular and painful menses, inability to stand or walk for any length of time owing to the pain in the back. Constant leucorrhoea. Menstruation irregular, painful and scanty. Right ovary the size of a goose egg due to blood cysts. Left ovary the size of a large English walnut also containing blood cysts. On anterior portion of fundus uteri to the left of the median line was a fibroid the size of a pea. Tubes normal.	12 months	Some	Both	Median incision. Adnexa freed from adhesions and ligated with catgut. Small fibroid in anterior wall of uterus was enucleated and its bed sutured with silkworm gut. Adnexa then excised. During handling a blood cyst of the right ovary ruptured, a dark viscid fluid escaping. Abdomen closed with silkworm gut sutures for fascia and muscles. Running catgut for fatty layer and same for the skin. Formalin-gelatin applied to fatty layer and also to the external wound.	None	.....	Recovered.
14	Aug. 1	27	M	1	For the last two months patient has noticed pains in the uterus which resemble those of commencing labor, she also has a feeling as though abdominal muscles were strained. Has trouble in defæcation. Uterus in good position somewhat enlarged. Originating from the right side was an ovarian cyst, the size of two fists, containing clear watery fluid. On its wall was a papillomatous growth. Left ovary covered with papillomatous growths making it the size of a hen's egg.	3 years	None	Both	Median incision, cyst incised and emptied. Both adnexa together with tumors then ligated and excised. Peritoneum, muscles and fascia closed with silkworm gut sutures. Fat and skin with running catgut.	None	.....	Recovered.
15	Aug. 27	53	M	6	Complains of bloating, constipation with painful stools, scanty urine with long intervals between micturition. Is loosing flesh rapidly and is short of breath when lying on her back. Menstruation regular but painful. Measures 31 inches around the waist and 35 inches around the navel. Decided fluctuation all over the abdomen. An elastic tumor is felt below the umbilicus arising from the pelvis. In the dorsal position sound over tumor was dull below a line joining the two anterior iliac spines; above this tympanitic. An elastic resistance was felt in the posterior cul de sac. A large cystocele was present. Uterus cannot be separated from the tumor. Tumor the size of a medium sized water melon which proved to be a multilocular, papillomatous, ovarian cystoma arising from the left side and filled with colloid material.	8 months	Yes	Both	Median incision. Peritoneum opened when a large amount of a clear, yellowish fluid escaped from the free abdominal cavity. Tumor was densely adherent and could not be lifted out. It was exceedingly friable and broke in several places so that the masses had to be removed in pieces. Considerable hemorrhage occurred and a clear, yellow, colloid fluid toge her with some thicker material escaped. The tumor was multilocular and was adherent to the abdominal walls, the omentum, the small intestines and the rectum. Its origin was in the left broad ligament but the fundus and right adnexa were so merged in the mass that it was found necessary to tie around the upper ⅓ of the uterus leaving a stump the size of a silver dollar. Catgut sutures were used. The pelvis had to be packed with gauze on account of general oozing. Abdominal wound closed with two rows of silkworm gut sutures except where Mikulicz tampon was introduced. Vagina packed with gauze to press uterus against pelvic tampon.	Mikulicz tampon.	October 1. No pathological resistance to be felt. February 13, 1897. Patient had been feeling well and gained in flesh until the middle of January when she noticed pain and swelling in the left supra-pubic region. A hard immovable mass not very tender in connection with stump of uterus can be felt. Also a hard round tumor, the size of a large English walnut, in scar where the tampon had been protruding and several more hard lumps of the same size higher up apparently in connection with the omentum or bowel.	Recovered.
16	Oct. 15	32	M	2	In March 1896 patient had an abortion produced which was immediately followed by symptoms of inflammation. For the following three weeks had pains resembling labor pains with pressure on the rectum and offensive purulent discharge from rectum. Her physician had told her that she had a pelvic abcess that had been opened from the rectum. Menstruation normal. To the back of uterus were felt masses of doughy consistency which can be separated from the uterus only by their density and cannot be separated from the pelvic wall. They reach higher on the right than on the left side. Posterior cul de sac is flattened and the rectum constricted at the sphincter tertius by the masses mentioned. The uterus in the axis of the pelvis but its size could not be well defined at that time. On left side is an irregularity of the mucous membrane of the rectum resembling the opening of a fistula. During the examination pus was expelled from the rectum. On June 1st an incision was made in cul de sac posterior of the vagina but owing to hemorrhage the operation could not be finished. Later a curved forceps was pushed through the incision into an abscess which filled the pelvis running up to the right. October 15. Patient cured of all symptoms of pelvic abscess. Wound in vagina healed. No more discharge from rectum. Left ovary and tube form an elastic, finger thick resistance; adherent in front of rectum and slightly tender to pressure. Uterus slightly enlarged, in the axis of pelvis and somewhat movable. A very movable mass the size of a large orange with a pedicle uniting it to the right horn of the uterus was felt. It could be pushed up as high as the umbilicus. This proved to be a dermoid cyst.	9 months	Yes	One	Median incision. Right ovary and tube ligated with catgut and tumor excised. Adhesions around left adnexa not disturbed, on account of the pre-existing abscess. Abdominal incision closed in the usual manner.	None	.....	Recovered.

B. Other Capital Operations.

VAGINAL HYSTERECTOMY FOR FIBRO-MYOMATA OF UTERUS.

	Date of Operations	Age	Married or Single	Children	Symptoms and Pathological Conditions Necessitating an Operation.	Duration of Disease	Adhesions	Adnexa removed	Nature of Operation.	Drainage or No Drainage.	Complications and Remarks.	Result.
38	June 23	41	M	3	Complains of soreness in lower part of abdomen, especially upon left side. Inability to work. Menorrhagia Uterus retroverted, retroflexed, enlarged and adherent. On the posterior wall were fibroids, one the size of a walnut and one the size of a pea. Left ovary enlarged and contained a cyst. Right ovary adherent but normal in size.		Dense	Both	Uterus pulled down as far as possible and an incision made around the cervix. The uterine arteries were then tied and the bladder separated from the uterus which was then split anteriorly and fundus uteri brought through the anterior vaginal incision, at the same time the posterior adhesions were separated. The broad ligaments were ligated with silk and cut across together with the left adnexa and right tube. Right ovary was left in situ. Before anteflecting the uterus the peritoneum and vaginal mucous membrane were sutured together in front. After removal of uterus the vagina was packed with iodoform gauze, which had previously been sprinkled with Formalin-gelatin one piece of gauze entering within the peritoneal cavity just behind the stumps.	Iodoform gauze.	Condition excellent until the fourth day. Pulse 68, temperature 98.6. No nausea. When a large physic was given. From this time on pulse and temperature gradually rose, patient vomited at short intervals and died from acute septic peritonitis sixteen hours later. Post mortem examination verified diagnosis.	Died.
39	Oct. 9	38	S	0	Complains of pelvic pain. Great distress after eating and backache. Menstruation painful and irregular. Several irregularities of the uterus felt, varying in size from a split pea to a lima bean. Uterus somewhat enlarged, retroverted, retroflexed, with a number of sub-peritoneal fibroids, the size of English walnuts.	Several years.	None	One	Longitudinal vaginal incision. Peritoneum opened, broad ligaments ligated with silk after opening the posterior cul-de-sac and suturing the peritoneum to the vaginal incision. Uterus then split anteriorly and pulled down with bullet forceps. Right ovary removed, left allowed to remain, vagina packed with iodoform gauze.	Iodoform gauze.	.....	Recovered.

VAGINAL HYSTERECTOMY FOR CARCINOMA.

40	Dec. 3	44	M	5	Has been flowing for several weeks. On posterior lip was a mushroom shaped carcinoma two inches in diameter, friable and easily bleeding. In the posterior wall of the uterus about the height of the internal os was a cyst, the size of a hazel nut, containing a clear, glairy fluid. The cyst did not communicate with the cervical canal, the mucous membrane only intervening. Right ovary the size of a walnut and contained cysts.		None	One	Tumor was burnt off and the site cauterized. Then a transverse incision was made in the anterior vaginal wall and the uterus dissected from the bladder. Peritoneum was sewn to edge of cut with catgut. Incision made in the posterior wall, peritoneum opened and sewn to the tissues cut through. Broad ligaments upon both sides ligated with silk, severed and uterus removed. Right ovary and tube also ligated with silk, and removed. The left ovary which did not follow easily was left.	None	.....	Recovered.

VAGINAL HYSTERECTOMY FOR PROLAPSUS.

41	Dec. 1	50	M	1	Complains of a constant bloody discharge together with bladder trouble. Anterior and posterior vaginal walls completely prolapsed, uterus the same, so that the fundus was outside of the vulva. Cervix was hypertrophic and ulcerated.	2 years	None	None	Typical hysterectomy with removal of the superfluous tissues of the vagina after Fritsch's method.	Iodoform gauze	.....	Recovered.

EXTIRPATION OF THE UTERUS, SACRAL METHOD, FOR CANCER OF UTERUS AND UPPER PART OF VAGINA.

42	Oct. 20	53	M	4	Complains of constant discharge, more or less bloody, from the vagina for the last two years, and lately of considerable pain in the back and sides. At the upper end of the vagina is a funnel-shaped crater with irregular bleeding walls, taking the place of the cervix. Uterus anteverted, normal in size, immovable. Ulceration extends above the internal os, on the left side higher than on the right. In the left parametrium a cord could be felt, the thickness of a goose-quill.	2 years	Few	Both	Sept. 25. Cancer thoroughly curetted and cauterized. Oct. 13. After the perineum had been split to the right of the rectum, and the coccyx and last vertebra of the sacrum had been removed, the rectum was pushed to the side and an attempt was made to open the peritoneum; during this the bladder was opened but was sewed up immediately. Further measures were postponed on account of the poor condition of the patient. The wound was tamponed. Oct. 20. Etherized; bladder healed. Peritoneum was opened with great difficulty owing to the firm adhesions between the uterus and rectum in which the left tube and ovary were buried. Broad and infundibulo-pelvic ligaments were then ligated with catgut, and uterus retroflected and excised with the adnexa and large part of the vagina. No suspiciously looking or feeling structures remained. The remaining portion of the vagina was united by sutures, and a Mikulicz tampon inserted through it into the pelvic cavity. The rest of the incision was closed except in the back where another tampon was inserted.	Iodoform gauze	Four weeks later, vagina and perineum had healed nicely. The large posterior wound looked pale and without any intention to granulate. Died Dec. 11th from chronic sepsis, due to a phlegmon along the fascia and deep muscles of the back which had resisted all treatment. The first symptoms of this appeared about two weeks previous to her death.	Died.

EXTIRPATION OF UTERUS AND VAGINA, SACRAL METHOD, FOR PRIMARY CANCER OF VAGINA WITH SUBSEQUENT LAPAROTOMY FOR PARALYSIS OF THE BOWELS.

43	Mar. 25	55	M	5	Pain in back and abdomen. Badly smelling bloody discharge from the vagina. Menopause two years previous. Lower third of vagina free. Upper two-thirds changed to a hard, rough, easily bleeding mass above which a remaining portion of the anterior lip of the cervix could be felt. The anterior vaginal wall was less affected than the posterior. Uterus anteverted, anteflected, somewhat enlarged, slightly movable and contained a small fibroid, the size of a cherry, in its posterior wall. Mucous membrane of cervix and body of uterus healthy.	Some years (?)	Some	Both	February 13. Patient curetted and cancer thoroughly cauterized. March 24. Granulating surface cauterized and vagina burnt through half an inch below the cancerous mass. Incision was made from the vagina through the perineum and to the left of the rectum as far as the base of the coccyx. Coccyx was then excised together with the last vertebra of the sacrum. Tissues separated with the fingers up the side of the rectum until Douglas' cul-de-sac was reached; this was opened and the uterus retroflected through it. The broad ligaments were now tied with strong catgut sutures and the bladder separated from the uterus. The broad ligaments were then severed and the uterus together with the upper part of the vagina, which had not been opened, removed, chiefly by means of the electro-cautery. Blood vessels ligated and wounds united with silkworm gut sutures except, at lower end of the incision, through which gauze, sprinkled with Formalin-gelatine, was introduced into the peritoneal cavity. Another drainage inserted into what remained of vagina.	Yes	March 25. Temperature normal. Pulse at one time imperceptible. Heart stimulants and salt water injections were given hypodermically which brought the pulse to 120. March 26. Temperature normal. Pulse 120. Slight tympanites and vomiting. Wound dressed with formalin-gelatine gauze. March 27. Tympanites increased. Some abdominal tenderness and constant vomiting of offensive greenish material. High enema given without result. March 28. No vomiting but considerable eructation of gas, gr. xii Calomel were given in gr. ii doses without result. Some gurgling could be heard in the intestines. Abdomen tympanitic but temperature normal. March 31. Pulse 150. Temperature rising fast. Median incision. Intestines except lower part were distended and slightly injected but there was no exudation, and the peritoneum was glistening. A kink of the ileum was found for which no cause could be detected and below which the bowel was collapsed. Bowel punctured in several places and gas allowed to escape. Abdomen closed with one row of silk sutures. No vomiting, nourishment retained, but in spite of croton oil and high salt water enema no movement was effected. Pulse improved for a short time. Patient died 10 hours later.	Died.

NEPHROPEXY.

44	Nov. 2	31	M	0	Patient complains of pain in right side of abdomen and back and is unable to work. Examination showed a floating kidney.	?	None	None.	An incision six inches long was made, beginning at the end of the last rib, the lower part running parallel to crest of ilium on right side. Muscles and fascia cut through until capsule of kidney appeared. One silkworm gut suture was passed through the upper pole of the kidney and tied around the twelfth rib. Several more were passed through the kidney below this and fastened to the muscles and fascia. Incision closed with silkworm gut. A strip of iodoform gauze was left in for drainage.	Iodoform gauze	.....	Recovered.

C. Vaginal Cœliotomies.

ENUCLEATION OF FIBROIDS OF UTERUS.

45	Nov. 6	41	M	3	Complains of pains in loins and bearing down feeling. Has headache and tires easily. Uterus retro-dextro-verted but movable. In the anterior wall was a fibroid, the size of a large hazel nut. Descensus of anterior and posterior vaginal walls. Menstruation normal.	5 years	None	None.	Curetting. Anterior kolporrhaphy was then done, a diamond shaped piece being cut out. Through this space a finger was introduced between the bladder and uterus. Peritoneum opened and the anterior wall of the uterus exposed. The fibroid was then excised and its bed cauterized and sewn up with two silkworm gut and several catgut sutures. The uterus was sewn to the vagina by two through and through sero-serous sutures of silkworm gut, rest of incision closed with same material. Kolpo-perineorrhaphy was then performed.	None	.....	Recovered.

REMOVAL AND RESECTION OF ADNEXA FOR OOPHORITIS, PERIOOPHORITIS, CYSTS AND TUBAL ABORTION.

46	Mar. 20	25	S	0	Pain in the pelvis, especially on the left side, worse on walking and standing. Bearing down feeling and inability to work. Hot douches, sitz baths, tampons, massage, rest, etc., tried without effect. Menstruation scanty and painful. Uterus normal in position and size, left ovary the size of an English walnut, adherent, descended and containing small cysts. Right adnexa normal.	2 years	Yes	One	Curetted. Deep vulvo-vaginal lateral incision. Longitudinal incision of anterior vaginal wall. Bladder dissected back and peritoneum opened. Considerable hemorrhage resulted. Left adnexa were then freed from adhesions, catgut ligatures applied and the tube and ovary excised. Incision closed with silkworm gut sutures.	None	.....	Recovered.
47	Oct. 10	29	M	4	Had a miscarriage seven years ago and has not felt well since. Complains of pain in back and bearing down feeling. For the last three years has had pain in left side which was also tender to pressure. Menstruation profuse, lasting sometimes two weeks, painful and accompanied by severe headache and vomiting. Uterus retroflexed, enlarged, mobility decreased. A circumscribed mass felt in the left side which reached to the front and was adherent to the rectum. The mass was the size and shape of a hen's egg and this was connected to the uterus by means of a cord which ran to the left horn. Fallopian tube dilated only at distal end. Tumor proved a tubal abortion.	7 years	Yes	One	Curetting. Vaginal incision. Bladder pared from the anterior wall of uterus. Peritoneum opened, finger introduced and left adnexa loosened with difficulty from rectum as the adhesions were numerous and strong. Several blood clots came away. Fallopian tube was dilated on its distal end and opened into the sac that had contained the coagula. The broad and infundibulo-pelvic ligaments were ligated with several catgut sutures and ovary and tube removed. An irregular resistance was left in front of the rectum, formed by the remains of the sac containing the clot. One silkworm gut suture was passed through vaginal walls, peritoneum and uterus, about 1 cm. below the fundus and tied; then peritoneum below stitched with running catgut. Vaginal wall closed with silkworm gut sutures.	None	October 23. Uterus in good position; wound healed by first intention; an infiltration the size of a goose egg felt on the left side. No complaint.	Recovered.

EXTIRPATION OF ADNEXA FOR OOPHORITIS, PERIOOPHORITIS, HAEMATOSALPINX AND HYDROSALPINX.

	Date of Operations	Age	Married or Single	Children	Symptoms and Pathological Conditions Necessitating an Operation.	Duration of Disease	Adhesions	Adnexa removed	Nature of Operation.	Drainage or No Drainage.	Complications and Remarks.	Result.
17	Feb. 20	23	M	1	Has bearing down feeling with pain in back and sides. Severe headache before menstruating. Menstruation profuse and painful. Left ovary the size of an English walnut and containing small cysts, surrounded by adhesions.	2 years	Few	One	Median incision. Separation of slight adhesions around both adnexa. The left adnexa were ligated with catgut and removed. The uterus was then suspended by Kelly's method on account of its wounded peritoneal coat from which posterior adhesions might have occurred. Abdomen closed with two rows of silkworm gut sutures.	None		Recovered.
18	Mar. 17	33	M	0	Has severe backache with bearing down pain together with pain in the left side. Obstinate constipation and exceedingly irritable bladder. Insomnia. Menstruation irregular and painful. Had been treated for a long time in various ways without avail. Oophoritis and perioophoritis of left side, uterus adherent to rectum.	6 years	Yes	One	Median incision. Breaking up of adhesions between uterus and rectum. Left adnexa ligated with catgut and excised. Abdominal wall closed with two rows of silkworm gut sutures.	None		Recovered.
19	Mar. 19	26	M	0	Complains of very painful menstruation, pain in right ovarian region and dragging backache. Menstruation regular but painful. Left ovary the size of a large English walnut also containing a number of small cysts. Right ovary contained a few small cysts. Uterus retro-sinistro-verted, adherent posteriorly and on the left side.	9 months	Some	One	Median incision. Severing of adhesions around left adnexa which were then ligated with catgut and excised. Some small cysts in right ovary were punctured with Paquelin cautery. Suspension of the uterus was then performed, one buried catgut suture being taken through the uterus just behind the line connecting the cornua and two through and through silkworm gut sutures behind this, which could be removed. Abdominal incision closed in usual manner.	None	May 20. Uterus in normal position. No pain whatsoever.	Recovered.
20	May 5	31	M	0	Complains of pain in region of both ovaries, more pronounced on the left side, also of dull pain in back. Attributes her trouble to a miscarriage two years before. Menstruation painful but regular. Treated for a long time without improvement. To left of uterus could be felt an elastic resistance the size of a large English walnut imbedded in a diffuse resistance and nearly immovable. It could be separated from the uterus only by its consistence and tenderness to pressure. On right side could be felt a tender, pencil-thick resistance that originated from the right horn and went toward the ileo-sacral synchondrosis. Left ovary cystic, the right smaller but also cystic and buried in firm adhesions.	2 years	Many	Both	Median incision. Dense adhesions around adnexa and uterus broken up, there being very little bleeding. Both adnexa ligated with catgut and excised. Uterus suspended by Kelly's method. Abdomen closed with two rows of silkworm gut sutures.	None		Recovered.
21	June 16	26	M	1	Complains of constant pain in the back and is easily tired, also has pain in the left side of pelvis before her menses and suffers from severe headaches. Menstruation irregular and painful. Uterus normal in position and size. On the left side was an irregular, sausage-shaped mass. Left tube as thick as a finger at its distal end and closed, but normal in thickness at the proximal. It contained watery fluid. Left ovary the size of an English walnut. Right tube the size and thickness of a pencil, closed at the distal end and containing watery fluid. The ovary contained some cysts.	8-10 years	Yes	Both except small piece of right ovary.	Median incision. Separation of moderately dense adhesions around adnexa and uterus. Adnexa then ligated with catgut and excised, except a small part of the right ovary which was stitched together with catgut and left. Kelly's suspension of uterus was performed with catgut on account of the wounded condition of its posterior surface. Abdomen closed with silkworm gut sutures for peritoneum, muscles and fascia and two rows of catgut for fat and skin.	None		Recovered.
22	June 30	33	M	1	Complains of pain in the back after being on her feet and working, also of pain in the vagina. Menstruation profuse. Uterus slightly enlarged and slightly movable. Both tubes were irregularly thickened, closed at their abdominal end, and contained a bloody fluid. Both ovaries contained large cysts. In one was a mass the size of a large hazel nut with chocolate colored contents, in the other a similar mass containing cholesterin.	8 years	Yes	Both	Median incision. Adhesions around adnexa and between the uterus and rectum were broken up. Adnexa of both sides ligated with catgut and excised. Some clear yellowish fluid escaped from cysts of both ovaries. Kelly's suspension of uterus performed with catgut on account of wounded surface of uterus. Peritoneum muscles and fascia closed with silkworm gut, skin and fat with two rows of catgut.	None		Recovered.
23	Aug. 20	29	M	0	For five years has had painful menstruation, accompanied by severe headache and pain on the right side. Has bearing down feelings and is very easily fatigued from standing or walking. Menstruation scanty and painful. Uterus anteverted, slightly enlarged, mobility decreased by posterior and lateral adhesions. Both ovaries and tubes descended and buried in adhesions, especially on the right side. Both ovaries contained cysts the size of white beans.	5 years	Dense	One	Median incision. Dense adhesions found around both adnexa. On the right side, ovary and tube could not be separated, so they were ligated with catgut and excised. Left ovary and tube were also grown together and were separated by the cautery. The ovary was resected and sewn up with silk after several cysts on its surface had been punctured with the cautery; the occluded abdominal ostium of the tube was opened with the cauter y and the permeability of the tube tested with a sound The uterus was suspended with three through and through silkworm gut sutures, on account of the torn condition of the peritoneum upon the its posterior surface The abdominal wound closed with one row of buried silkworm gut sutures and one of running catgut for the skin.	None		Recovered.
24	Nov. 19	22	M	1	Complains of pain in back, bearing down feeling and pain before and during menstruation which is scanty. Uterus retroflexed, adherent, thickened and hard. Right ovary considerably enlarged, descended and buried in adhesions, together with the outer end of the tube. Small fibroids in the anterior wall of the uterus.	6 months	Dense	One	Median incision. Three small fibroids from the anterior wall of the uterus were enucleated and their sites touched with the cautery and stitched with fine silk. Right ovary ligated and excised. Posterior adhesions of the uterus broken up. Uterus suspended with three through and through silkworm gut sutures. Peritoneum, muscles and deep fascia closed with running catgut. Skin and fat with silkworm gut sutures.	None		Recovered.
25	Dec. 15	37	M	4	Complains of pain in back and thighs and menorrhagia. A hard irregular, elastic and movable tumor felt in median line, reaching to within 1½ inches of umbilicus. Slightly larger on right side. This proved to be a dermoid cyst of the right ovary. Uterus normal in size, anteverted. Left ovary slightly enlarged.	14 months	Yes	Both	Median incision. Tumor raised from abdominal cavity and a stout catgut ligature thrown around the pedicle which was then severed. Vessels next ligated separately and the peritoneum sewed over the stump with fine catgut. Left ovary found to be cystic and so was also removed, the adnexa being ligated with catgut in the usual manner. Kelly's suspension of uterus performed. Peritoneum closed with running catgut, fascia and muscles with interrupted silkworm gut sutures, skin with running catgut, a few silkworm gut sutures being used to adapt skin more accurately.	None		Recovered.
26	Dec. 31	34	M	1	Complains of bearing down feeling, especially after standing any length of time, also of headache, pain under left breast and at times sharp pain in the pelvis. Menstruation irregular, scant and painful. Uterus adherent posteriorly, normal in size. Right adnexa normal, left ovary enlarged, cystic and adherent to surroundings.	10 years	Yes	One	Median incision. Posterior adhesions broken up. Left adnexa ligated with catgut and excised. Kelly's suspension of uterus performed. Incision closed with three layers of running catgut and occasional silkworm gut.	None		Recovered.
27	Dec. 31	30	M	2	Complains of pain in back and sides and a very irritable bladder. Has metrorrhagia and leucorrhea since childbirth. Uterus strongly retroverted, adherent to rectum and back, rendering it immovable. Both ovaries prolapsed, cystic and adherent to pelvic floor.	5 years	Dense	Both	Median incision. Adhesions broken up, there being considerable bleeding. Both adnexa were then ligated with catgut and removed. Kelly's suspension of uterus was performed with three through and through silkworm gut sutures. Peritoneum sewed up with running catgut, the rest with interrupted silkworm gut sutures.	None		Recovered.

EXTIRPATION OF ADNEXA FOR PYOSALPINX AND OVARIAN ABSCESS.

28	May 8	26	M	0	Complains of burning pain in lumbar region, which goes down left thigh to knee. Has had a bad attack of pelvic inflammation after which while moving around she felt as though something had given away inside. This feeling was followed by a profuse hemorrhage from uterus lasting ten days. Since then has never flowed, although she has had menstrual molimina. Treated for a long time without avail. Left tube thick as a little finger, densely adherent and contained thin pus. Left ovary enlarged and cystic. Right tube thick as a lead pencil contained a turbid fluid.	8 months	Dense	Both	Median incision. Dense adhesions around both adnexa and between uterus and rectum broken up. During this a little pus escaped from the left tube, which was caught on gauzes. Adnexa then ligated with catgut and excised. Ventral fixation was done and a Mikulicz tampon inserted. Abdominal wound closed with two rows of silkworm gut sutures except where tampon protruded.	Mikulicz tampon		Recovered.
29	June 19	28	M	0	Complains of pain in both sides of pelvis and of backache, also of general debility. History of tuberculosis in family. Menstruation regular but painful. Uterus anteverted nearly immovable. Each tube was as thick as a finger, convoluted and contained pus and cheesy masses. Peritoneum of pelvic organs was covered with miliary tubercules.	7 months	Moderate	Both	Median incision. Some moderately dense adhesions around adnexa were separated. Both adnexa ligated with catgut and excised. Right tube ruptured while being handled but was clamped so that only a small amount of pus escaped which was caught on gauzes. Kelly's suspension of uterus with catgut was done. Abdomen closed in usual manner. Formalin-gelatine used on stumps and also on external abdominal walls.	None	About one inch above lower end of incision a small opening formed, leading down to pelvis on both sides which discharged a serous fluid. After repeated curetting, applications of Formalin-gelatine and citrate of silver, the fistula healed slowly and closed permanently. Patient discharged having gained weight and feeling well.	Recovered.
30	Aug. 13	29	M	0	Complains of pain in left side and back. Has been curetted two months ago which helped menstruation which formerly was very painful. Left ovarian abscess, the size of a goose egg, surrounded by dense adhesions. On the right side the tube was occluded and the ovary cystic.	4 months	Dense	One	Median incision. Adhesions broken up around left adnexa where an oval mass the size of a goose egg was situated; this was tied off with catgut and excised. The tube on the right side was amputated at its middle, being very long, tortuous and occluded; the ovary was then brought in and stitched to it. On account of the torn adhesions Kelly's suspension of the uturus was done. The abdominal wound was closed with one row of silk for muscles and peritoneum and two rows of catgut for the rest.	None		Recovered.
31	Sept. 17	24	M	4	Has pain in back and left side of pelvis. About two weeks after every menstruation has intense pain in region of uterus, lasting four days. Menstruation profuse, regular and accompanied by slight pain. Behind uterus which was normal in position and size but adherent on left side was felt a prolapsed, descended ovary, the size of an English walnut. On the right side was a diffuse resistance and a circumscribed oval mass. Left tube, the size of a little finger, contained pus. Right tube also enlarged, contained turbid fluid. Both ovaries cystic.	7 years	Few	Both	Median incision. Adnexa freed from adhesions, ligated with catgut and excised. Stumps of tubes touched with Paquelin cautery. Uterus suspended by Kelly's method with three catgut sutures on account of the torn condition of the peritoneum on its posterior wall. Abdominal incision closed with three rows of sutures, running catgut for the peritoneum, interrupted silk for muscles and fascia, running catgut for skin.	None		Recovered.
32	Oct. 2	32	M	3	Complains of sharp, shooting pain in the left side of the pelvis and leucorrheal discharge. Menstruation scanty and slightly painful. Uterus anteverted, about normal in size, immovable. On both sides and behind the uterus was felt an elastic, diffuse, tender resistance, which varied in hardness. On the left side was a circumscribed resistance, the size of a goose egg and slightly movable. The resistance on the right side and to the back could not be well defined from the pelvic wall. A more circumscribed mass could be felt near the right horn of the uterus. Left ovary the size of a goose-egg and cystic; left tube somewhat enlarged, contained pus. Right ovary contained small cyst; right tube filled with turbid, bloody fluid.	1 month	Dense	Both	Median incision. Adhesions severed, infundibulo-pelvic and upper part of broad ligaments ligated with catgut on both sides and adnexa excised. Kelly's suspension of uterus was performed on account of the wounded condition of its posterior surface. Abdomen closed with three layers of silkworm gut sutures.	None		Recovered.

ABDOMINAL SECTION FOR VENTRAL HERNIA.

33	Dec. 3	42	M	4	Five years ago had somewhere else a laparotomy performed for "ovarian tumors." Six weeks after noticed a protrusion in the scar which gradually grew larger. There was an old scar about eight inches long on the abdomen reaching from about two inches above the symphysis to within half an inch of the umbilicus. The old suture scars were two and a half inches apart at the umbilicus. One inch below this they were four inches apart and at widest portion of scar seven inches apart. The bowels and omentum were adherent to the skin, which latter looked bluish and was very thin. The entire hernia was the size of a child's head.	5 years	Yes	None	Crescentic incision made on the left side reaching from one inch above the umbilicus to just above the symphysis. Peritoneum then opened and the adherent omentum ligated with catgut and detached from the wall. Bowel also detached where adherent. A second incision was then made on the right side corresponding to that upon the left, and the portion of the skin which formed a part of the sac of the hernia was removed. Bowels found more extensively adherent to parietes; so more adhesions were ligated and severed. A portion of the omentum was removed. The sheaths of the recti muscles were then opened on both sides and the muscles found to be quite atrophic. Peritoneum was closed with a running catgut suture. The previously separated deep fascia and muscles sewn with silkworm gut. Skin and superficial fascia closed with interrupted alternating deep and superficial silkworm gut sutures. A strip of iodoform gauze, protruding from the upper angle of the wound, was left in the fat layer for one week.	Iodoform gauze in subcutaneous layer.		Recovered.

FOR TUBAL ABORTION.

34	Feb. 13	23	M	0	Has pain in left iliac region, inability to stand or walk, together with bearing down feeling, constipation and irritable bladder. According to patient menstruation is regular. Left tube swollen to the thickness of a thumb, tortuous, densely adherent to ovary and surroundings. Distal third filled with blood and abdominal ostium open. There was a small hæmatocele into which the tube opened but no foetus was found.	Three weeks.	Yes	One	Median incision. Separation of adhesions around left adnexa which were then ligated with catgut and excised. Some adhesions around right adnexa were also broken up Abdominal wound closed with two rows of silkworm gut sutures.	None		Recovered.
35	Aug. 18	33	M	1	Complains of pain in right side of pelvis, some bearing down sensation and is easily fatigued. Has been flowing for the last two months. One month ago had fainting spells accompanied by great pain. Since then has had similar attacks of pain in the pelvis during which she would bloat considerably. In front of uterus was felt an elastic tumor, oval in shape the size of a large hen's egg and easily separable from the uterus. On the left side it seemed to extend to the horn of the uterus. On the right side it reached further to the side. This tumor proved a right tubal abortion of 1½ months duration. The foetus was found perfectly developed, ¾ inch long. The tube was not ruptured but filled with coagulated blood, the abdominal ostium being open and surrounded by blood coagula. There was also some liquid, tar-like looking blood in the free abdominal cavity. Dense adhesions between right ovary, tube and appendix. The latter was inflamed and thickened. Uterus in the axis of the pelvis slightly enlarged.	Several months.	Some	Right and part of left.	Median incision. A tumor dark in color and a little larger than a hen's egg presented, which originated from the right adnexa and was adherent to caecum and adjacent tissues. In its vicinity were several old blood clots. The tumor was freed and ligated with catgut. The left ovary and tube were then examined. Tube found occluded and thickened and so was removed, but enough of the ovary was left to insure menstruation. Adhesions were separated around appendix and the latter tied off and excised. The stump was cauterized. About 4 inches of omentum, where adhesions were found, were tied off with catgut and removed. Kelly's suspension of the uterus was then performed. The abdominal wall was closed in the usual manner. A strip of iodoform gauze was introduced between the middle and superficial row of sutures, as there was a large amount of fatty tissues.	Iodoform gauze.		Recovered.

EXPLORATORY INCISION.

36	Sept 8	43	M	2	Complains of metrorrhagia and menorrhagia. Was curetted without benefit about one year ago. Patient looked very cachectic. In the left broad ligament an elastic not painful resistance was felt, the size of a child's head, which pushed the uterus to the right. This was almost immovable and only defined from the uterus and pelvic wall by its consistence. During examination under narcosis and curetting brain like material came away from the uterus. Carcinoma of the uterus and ovary was found.	2 years	Yes	None	Median incision. A tumor developed intra-ligamentously and extending into the retro-peritoneal structures was found, so that it was deemed inoperable. Wound closed with two rows of silkworm gut sutures, excepting over the tumor where a Mikulicz tampon was inserted.	Mikulicz tampon.	After one week the stitches were removed and an aspirating needle inserted into the tumor. A harder mass was encountered in the middle of the tumor which latter showed pseudo-fluctuation. Nothing but blood escaped.	Recovered from operation. Patient sent home as incurable.
37	Sept. 26	67	M	1	When 14 years old had a severe attack of malaria and at the same time began to lace tightly. Since then has never been well being especially troubled during last 10 years with considerable pain on left side and pressure on the bladder. Examination under narcosis. In front of uterus was felt an oval shaped, freely movable tumor the size of a fist. Tumor was somewhat elliptical in shape. No direct connection between the uterus and the tumor could be felt. No certain diagnosis could be made as to the nature of the tumor and an exploratory incision was proposed. Tumor proved to be a floating spleen.	50 years	None	None	Median incision. A somewhat enlarged floating spleen was found, which could easily be lifted out of the abdominal cavity. On account of the age of the patient, the spleen was simply placed in the normal position, and it was decided to try to relieve her suffering by means of a bandage. Abdominal incision closed with two rows of silkworm gut sutures.	None		Recovered.

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